CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

7 February 1998

Green Paper – will pharmacy approve?

MPs want post-coital pill over-the-counter

Wakefield HA to launch primary care formulary

Update: periodontal problems are gummed up

Profile: on the move from Kent to the Kyle

Glaxo/Smithkline in £100bn merger talks

APS/Berk production switches to Hungary

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COMMENT

Two industry predictions have come true this week. Firstly, that consolidation in the pharmaceutical industry still has some way to go, has grabbed the headlines, delighted the financial markets, and left other executives looking over their shoulders for the next corporate bolt from the blue. That Smithkline Beecham is in merger talks with Glaxo Wellcome is good news in that it is an all British deal in a market dominated by US companies – if that counts for anything in such an international industry. With annual results for both companies coming up mid-month, both parties will be keen to have the deal finalised by the time SB reports on February 17. On a more prosaic level, wholesalers and pharmacists will be more interested in the fate of Glaxo's agency scheme. It still remains unpopular with customers, and the prospect of the SB portfolio joining the scheme will make the new company no friends.

The other prediction, made by the managing director of APS/Berk, Andrew Kay, last year, was that labour costs and patent issues would force the generics industry to move its manufacturing base outside the European Union. He presumably had an inkling of what APS' parent, Teva, had in mind, because this week it has done just that. With most of the leading generics manufacturers owned by multinationals, UK generics will increasingly be sourced abroad to be packaged here. Both these events are indicative of fundamental changes in the structure of the industry. In addition it must not be forgotten that the Pharmaceutical Price Regulation Scheme is under review, with the outcome due to be announced in the Autumn. This combination of factors will have a significant impact on the future prosperity of an industry which has been among the UK's most successful in recent years.

CHEMIST & DRUGGIST

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REGULARS

Expect consultation on public health Green Paper

Pharmacists will be consulted over the public health Green Paper by public health minister Tessa Jowell, in an attempt to bring community solutions to inequalities in health.

The Green Paper scraps the health of the nation targets set by Virginia Bottomley, replacing them with four key areas for action: cancers, heart disease, mental illness and accidents. It was expected to be published on Thursday after *C&D* went to press.

Ms Jowell said the national targets were inappropriate because of the wide disparities in local rates for illness or issues such as teenage pregnancies. Pharmacists will be expected to help in framing the future targets at local level, and the Green Paper will give them the opportunity to express their views about the strategy for improving the health of the population. But there will be disappointment among pharmacists that little direct attention is paid to their profession in the Green Paper.

Ms Jowell is also launching a consultation exercise at the end of April on specific action to reduce teenage pregnancies and tackle the high rates in Britain. Her own constituency is included in Lambeth and Southwark which has the highest incidence of teenage pregnancies in the country (16.2 per 1,000).

There are plans to invite health professionals to offer their views on how such high rates could be tackled at local level, and there will be a publicity campaign in schools. Pharmacists may be expected to play a part, but Ms Jowell denied it would mean placing more of a burden on the profession.

There is no specific budget for implementing the green paper, but the health minister is involved in a Cabinet committee which co-ordinates government action on a range of areas, including housing and employment, to tackle inequalities in health.

She made it clear that there would be no attenpt to copy the "nannying" of Mrs Bottomley. "We will not become a finger-wagging, needlessly intrusive, bossy government," she said. "It is about focusing effort across government and through local action to improve the health of the population.

"We will set national targets but we regard local targets as being more effective because national targets disguise high levels of inequality," she added.

Majority of graduates remain in practice

The Royal Pharmaceutical Society has found that 93 per cent of the 1,669 pharmacists who replied to its manpower survey are currently engaged in pharmacy practice.

The RPSGB survey of 2,000 questionnaires was posted, last September, to 200 pharmacists who graduated in each of the years, 1986-1996 (*C&D* September 6, 1997 p5). It was initiated in response to concerns from employers encountering difficulties in recruiting pharmacists and the results were presented at this week's meeting of Council.

Nearly half the 7 per cent who were not currently engaged in pharmacy practice had left community pharmacy, and a quarter had left the hospital sector. Most of those who left community practice (19/54) did so for undefined reasons, while 17 thought the work was not professionally rewarding and ten had changing family commitments. Five cited remuneration as the cause.

Ten out of 30 pharmacists left hospital practice for undefined reasons, six cited remuneration and six, family commitments.

1998/99 pay increases for NHS staff

It remains unclear whether recently accepted public review body pay recommendations for doctors and dentists will affect this year's pharmacy bid.

On Tuesday, Pharmaceutical Services Negotiating Committee chairman Wally Dove was unable to comment on how, if at all, PSNC's strategy would take into account the review body pay awards.

Recommendations from the Doctors' and Dentist's Review Body and the Nurses, Midwives and Health Visitors and the Professions Allied to Medicine Review Body were accepted in full by the government last week. The recommended pay increases will be introduced in two stages to make them affordable within existing spending plans. Everyone will receive a 2 per cent increase from April 1, but from December 1 hospital doctors and dentists will get 4.2 per cent, GPs, 5.2 per cent, and nurses, 3.8 per cent.

Secretary of state for health Frank Dobson said: "The NHS has to live within its means. So we have had to be firm but we have also been as fair as we can be to all NHS staff."

PMS award for best OTC ad goes to Tixylix

Novartis Consumer Health has won a Pharmaceutical Marketing Society award for the best over the counter medicine advertisement.

At last week's PMS Advertising Awards Ceremony in London, the Novartis 'You can't lick Tixylix' advertisement, created by Euro RSC Healthcare, won the Craft Award, sponsored by *Chemist & Druggist*.

Stiefel Laboratories and Woolley Pau received a certificate of merit for their Driclor Powder advert. Mead Johnson's Enfamil Lactofree advert from Leavold Pollard Rogan Advertising and Abbot Laboratories' Murine advert from Milton Healthworld were also nominated.

Pictured at the award ceremony are from left: *C&D*'s publisher Roger Murphy, Euro RSCG Healthcare creative director Pam Mason, Tixylix brand manager Joanna Newell and Euro RSCG account director Patrick Brindle

More paid for extra hours

More pharmacies are being paid for additional agreed hours of service.

On September 30, 1997, 5,688 pharmacies in England and Wales – or 54 per cent of all pharmacies – were receiving these payments, compared with 5,420 on March 31, 1997. The proportion was higher in Wales (86 per cent) than in England (52 per cent), where one health authority made no such payments.

Most (4,879) were paid for Sunday and/or Bank Holiday opening rather than for weekday opening (2,272); the corresponding figures for March 1997 were 4,639 and 2,508 respectively.

The Department of Health's latest Statistical Bulletin: 'Community pharmacies in England and Wales; 30 September 1997' (Stationery Office, £2), says that a pharmacy in Brent and Harrow was receiving payment for 24 hour opening, but a HA spokeswoman said this was an error.

At the end of last September, 10,487 pharmacies were in contract with health authorities, virtually the same number as a year earlier.

Half the 20 pharmacy closures were within 500m from the next pharmacy, compared with 71 per cent in the six months to March 31, 1996. Most of the 18 pharmacies opening (78 per cent) were at least 500 metres from the nearest pharmacy and 56 per cent were at least 1km away.

Ferguson to retire as secretary of the Society

John Ferguson is to retire in October, after spending 13 years as secretary and registrar of the Royal Pharmaceutical Society.

His successor will "preferably be a pharmacist, educated to degree level, probably with a business qualification", and will be offered a "six figure package" according to the advertisement for the position.

Recruitment agency MSL Search and Selection is handling the appointment and details can be obtained from Richard Knowles on 0171 255 2535.

Glaxo Wellcome and Smithkline Beecham are in merger talks as *C&D* goes to press (see Business News, p23)

Insulin POM date

Insulin becomes a Prescription Only medicine on August 13, not February 13 as *C&D* was wrongly informed last week (p4).

The regulations making the change – The Prescription Only Medicines (Human Use) Amendment Order 1998 (SI No 108, Stationery Office £1.55) – bring other changes into effect on February 13. These include:

- Creams and ointments containing hydrocortisone 1 per cent with miconazole nitrate 2 per cent will be exempt from prescription control for the treatment of intertrigo and athlete's foot.
- Ranitidine's P indications will include the prevention of heartburn, dyspepsia, indigestion and acidity associated with food and drink.
- Sodium cromoglycate's P indications will be extended to include perennial allergic rhinitis.
- The maximum dose of mebeverine hydrochloride for the symptomatic relief of irritable bowel syndrome will be 135mg and maximum daily dose 405mg when supplied without prescription. For other uses, the maximum dose will be 100mg and maximum daily dose 300mg.
- Co-danthramer capsules, strong co-danthramer capsules and co-danthrusate oral suspension will be added to the nurse prescribing list.
- Chiropodists with the appropriate certificate of competence will be able to supply, in the course of their practice, a maximum of 24 co-dydramol 10/500 tablets, amorolfine hydrochloride cream (up to 0.25 per cent) and lacquer (up to 5 per cent), and topical hydrocortisone (up to 1 per cent).

Insulin has been given six months grace to allow manufacturers to make the necessary changes to packaging.

MPs call for OTC post-coital contraception

Six MPs have tabled an Early Day Motion calling for emergency contraception to be available from pharmacies without prescription. Pharmacy organisations have no objections to the proposal, as long as strict protocols are introduced, but Schering Health Care believes that deregulating PC4 would not be in the best interests of women.

The motion reads: "That this House recognises the very small risks involved in women taking emergency contraception unsupervised by a doctor; and calls for its deregulation and availability at registered pharmacies throughout the country." The signatories are Dr Jenny Tonge, Jackie Ballard, Mike Hancock, Dr Peter Brand, Ann Clwyd and Alice Mahon.

Roger Odd, the Royal Pharmaceutical Society's head of practice, said this week: "We would be happy to see emergency contraception available as a non-prescription medicine through pharmacies, providing there were strict protocols for supply."

The product has a good safety profile, he explained, and would be used only in small amounts, rather than regularly as a contraceptive. Pharmacies would be a useful source of supply when clinics and GPs were closed at weekends, he added. Emergency contraception is also an area the Crown Committee might consider when looking at pharmacist prescribing for the future.

The NPA has similar views. Colette McCreedy, head of practice, agreed that if emergency contraception became available from pharmacies without a prescription, there should be strict protocols, with more counselling than for other OTC medicines. Pharmacists would need to take more details of the patient's medical history and keep records of supplies. But she felt that, if pharmacists were considered capable of prescribing emergency contraception, it would be logical for them to be allowed to provide it free on the NHS.

Schering Health Care has no imminent plans to apply for a POM to P switch for PC4. "The matter is much more complicated than many people seem to realise," said Carole Graham, senior public relations executive. "Several issues would need resolving, such as who would be responsible if something went wrong." Pharmacists would need to have in-depth discussions with patients, in private, and would not have access to their medical history. She felt doctors were better placed to counsel women about their sexual health.

The Family Planning Association supports the reclassification and wants emergency contraception to be more widely available, both from pharmacies and prescribed by nurses. A spokeswoman said: "Women are still having difficulty obtaining it. Because it was called 'the morning after pill' many think that if they can't get to the doctor in 24 hours it will be too late, but they could walk into a pharmacy and be told they have 72 hours. In some areas it is difficult to get a GP appointment within that timescale."

Scottish stats ...

There were 4,831,719 prescriptions dispensed in Scotland last October, 4,831,719 by chemist contractors, at a total cost to the exchequer of £47,155,086. For chemist contractors, the ingredient cost per prescription was 872.88p with a professional allowance of 38.27p and oncost of 0.16p. The gross total per prescription was 1016.40p or 962.36p net. The average CD fees cost per prescription was 5.31p.

... and generics

Generic prescribing in Scotland has risen to 61.2 per cent in the first six months of 1997-98 from around 40 per cent in 1992-93. The figure comes from the latest Bulletin from the Scottish Office Department of Health, published on Monday.

BPSA conference

The dates of the British Pharmaceutical Students' Association's Cardiff conference have changed to April 2-9. Prices for the week vary from £125 to £170 – half weeks are also available. For more information, call the conference organisers on 01222 667334 or 01222 220662.

ABPI Compendia

The Association of the British Pharmaceutical Industry has issued the Compendium of Data Sheets and Patient Information Leaflet Compendium for 1998-99.

Princess Royal in Society's NHS 50 celebrations

The Princess Royal is to visit the Royal Pharmaceutical Society as part of the Society's celebrations for the NHS's 50th anniversary.

The princess and health secretary Frank Dobson will be among "a substantial number" of guests from healthcare professions attending a celebratory dinner on June 30 at Lambeth.

The event will be themed on the 'New Age' initiative and "will celebrate pharmacy's commitment to the health service past and future", says the Society's head of public relations, Beverly Parkin.

In addition, the Society will participate with the National Pharmaceutical Association at the Ideal Health Show (July 3-6). This is one of the key events organised by the NHS and coincides with the 50th anniversary on July 5. The display at the exhibition will also look at pharmacy services present and future.

LPC conference to debate contract termination

Pharmacists effectively going on strike could be the outcome of one motion to be debated at the Local Pharmaceutical Committee's Conference on March 2.

North Nottinghamshire LPC has tabled a motion calling on Pharmaceutical Services Negotiating Committee to give formal notice of termination of the current contract with effect from March 31, 2000. At the same time, it wants PSNC to stress that it would wish to negotiate a new contract to better represent the needs of all parties in the next millennium.

However, PSNC comments that arrangements for the provision of NHS pharmaceutical services can only be terminated by the contractor, making it unlikely that PSNC would be able to act, even if the motion is passed at conference.

Croydon LPC is proposing a reduction in the size of PSNC. Its motion says: "In the light of poor negotiated outcomes during the last decade, this conference sees no continued benefit in financially supporting a large committee membership of PSNC. We therefore recommend that a smaller but fully accountable committee is constituted to reflect more accurately the return on LPC's investment." Another London LPC, Redbridge & Waltham Forest LPC, is calling for an external audit of PSNC strategy to be carried out.

However, Bradford LPC seeks to defend PSNC in its motion, which says that while recognising that the PSNC structure may not be ideal, divisive statements do not further the cause of pharmacy as a whole. Instead, it is calling on all community pharmacists to support PSNC and "thus provide a united negotiating front".

Avon LPC wants the DoH to put a limit on the number of pharmacy contracts. New contracts should be applied for in the normal manner, it says, but, if granted, an existing contract must be obtained from within the UK and transferred to a new site. PSNC advises that the NHS Executive would be unlikely to accept this as it would be a very restrictive practice with impracticable administration.

Other motions to be debated include:

- a call for the introduction of cash limited budgets for the provision of advice to homes to be re-appointed to health authorities on the basis of need – Avon LPC
- amendment of the Drug Tariff fee scale to provide a fee for each week's supply of medicines where a monitored dosage system is requested by the prescriber – Worcester LPC
- a call for remuneration of services to diabetic patients and others for syringe and needle disposal – Ealing, Hammersmith & Hounslow LPC
- a review of prescription charges – Redbridge & Waltham Forest and Merton, Sutton & Wandsworth LPCs.

Following discussion of the motions, general secretary Stephen Axon will give a presentation on the health White Paper to open a discussion. If time permits, an open forum will follow to provide LPCs with the opportunity to raise topics on which they would like to exchange views.

The conference is to be held at the Queen Elizabeth II Conference Centre, Westminster, starting at 10.00am. PSNC will be hosting a dinner in the evening, which health secretary Frank Dobson and over 120 parliamentarians are expected to attend.

Pharmacies get Triludan as a goodwill gesture from Hoechst Marion Roussel

Hoechst Marion Roussel has written to pharmacies, this week, saying it will be sending each outlet 12 packs of 60 Triludan 60mg.

This 'one off gesture of goodwill' is intended to recompense pharmacies for unsaleable OTC stocks which they may be holding from last year, following the reclassification of the drug as a Prescription Only medicine, in September.

The letter, from deputy managing director A C Playle, says that, on the basis of the average stock holding, this will reduce the cost of stock to equate to the Tariff price, and allow pharmacists to fill Triludan or generic terfenadine scripts without loss.

Since it is a legal requirement that all P labelled terfenadine products should be relabelled as POM to permit sale or supply after March 15, the letter includes a supply of POM stickers.

"We are aware there will be variations in stock levels, but the cost of dealing on an individual basis would be prohibitive ... and I trust you will accept this gesture in the spirit in which it is given, when there was no obligation to offer any compensation," says Mr Playle.

The stock will be sent out later this month.

Video introduction to primary care roles

The Group for the Advancement of Pharmacy Practice has launched a video to encourage pharmacists to join the primary health care team and to clarify protocols.

The video offers viewers basic tips on integrating into local primary health care teams alongside GPs and nurses and on the implementation of protocols for pharmacy medicines.

GAPP feels that protocols may have been over zealously applied by some community pharmacists.

Copies can be obtained free from: GAPP, 1 Chelsea Manor Gardens, London SW3 5PN.

Boots pharmacists agree to stick to the Society's election rules

Boots Pharmacists' Association has confirmed it has no desire to flout the rules applying to elections for the Royal Pharmaceutical Society's Council.

The chairman, Peter Walker, has given the Society a firm undertaking that the association will work within the canvassing rules that apply from the time a candidate indicates he or she intends to stand for election. Under these procedures an association may:

- publish, in its newsletter, a profile and views of a member who intends to stand – but there must be no mention of that person's candidature
- put three questions to all candidates, seeking their views on issues affecting employee pharmacists, and publish their replies
- the newsletter may announce that one or more Boots' employees are candidates, giving details of their position in the company.

Mr Walker told *C&D* he welcomed the fact that BPA and the Society had reached an agreement. The association is intending to ask all this year's candidates three questions on employee-related issues and will publish the replies. Mr Walker did not know yet of any Boots employees who intended to stand, although the company's superintendent pharmacist, Marshall Davies, will have completed his second three-year term on Council and will be eligible for re-election. Mr Davies will be retiring from the company this spring.

HRT seminar success for Harrow pharmacy

A proprietor, a locum and a health promotion pharmacist teamed up to launch the first of a series of health seminars for the people of Harrow, this week.

The 'Menopause and HRT' seminar was attended by 18 local women, and presented by health promotion pharmacist Norma Goldman at Rushton Chemist.

After the 45-minute presentation, there was a short question time followed by the opportunity for the attendees to buy OTC products from a specially-prepared display in the pharmacy.

"We must educate the public to take charge of their lives, health and treatment," says proprietor Manoj Bharania.

Paul Litman, the locum pharmacist who helped organise the event, says: "Only a pharmacist could have covered such a broad spectrum – Norma ranged from nutrition, to sex and even touched on chocolate."

Future seminars are planned on nutrition, exercise, blood pressure, cholesterol and asthma. For further details on in-pharmacy seminars, call 0181 904 6145.

Paul Litman (left), Norma Goldman and Manoj Bharania after their seminar at Rushton Chemist in Harrow

N IRELAND NOTEBOOK

A man for all seasons

Terry Hannawin has been appointed Secretary to the Pharmaceutical Contractors' Committee, an appointment that I wholeheartedly support.

He has the experience necessary for this complex and demanding job. He also has the commitment and the temperament to deal effectively with the DoH and the ability to deliver a result in contractors' best interests.

He also has a tenacity obtained from years of serving on all types of committee, including the Pharmaceutical Society, the PCC and the Ulster Chemists' Association.

He knows NI community pharmacy better than anyone, and

If he is looking for encouragement, he has taken the wrong job

brings this to a job with more pain than pleasure, more frustration than satisfaction, and more criticism than appreciation. If he is looking for congratulation and encouragement, he has taken the wrong job.

I write this not to frighten him off, but to reassure him that if any of us add to his burden or increase his problems, it is not malicious.

He is now our spokesperson, our link to that complex organisation called the Health & Social Services and, although it might not seem like it, we will hold him in high esteem, as long as he delivers the results.

Thos O'Rourke always had my respect. In a Notebook contribution some years ago, I expressed my admiration for him. To my surprise, this comment was taken by the PCC chairman of the time to suggest I had undertaken a 'Pauline conversion' from my previous criticism of the Committee. This was a rather naive view. My respect for Mr Hannawin and my support for PCC are separate things.

For the time being, Mr O'Rourke appears to be staying on at the PCC. In the letter sent to contractors, it was not made clear for how long this would be. I am concerned that it should not be for too long. He should let the transition be smooth, not smothering.

'Too many cooks' spoil the broth and Mr Hannawin must be allowed to get on with the job and to make his own mistakes. These, I hope, will be few and far between. To Mr Hannawin: good luck and please don't make a fool of yourself.

Written by a practising Northern Ireland community pharmacist.

Topical Reflections

Played for a sucker ...

The competition for selling blood glucose meters to diabetic patients at give away prices is hotting up. Having received my promotional literature from Boehringer Mannheim for its special trade back offer of an Accutrend Alpha 11 meter for only £0.99 and an old meter or container of visual reading strips, I have been enthusiastically promoting the deal.

I have sold quite a few of these meters, but the demand has been nowhere near as high as I had anticipated because it seems that Boehringer Mannheim wants to have its cake and eat it! At the same time as I have been actively selling the Accutrend Alpha 11 meter, the company has been direct mailing diabetic customers on its data base to inform them of an extra special offer for the new Glucotrend Soft Test System.

This comprises a Glucotrend – the world's most advanced blood glucose meter – and a Softclix 11 – the gentlest finger pricking device available. This 'unique two more system' is offered for only £5, but is only available from – you've guessed it – Boots.

I learned of this competing offer when one of my regular patients presented a script for Glucotrend strips and Softclix lancets, and then proceeded to extol the financial merits of the Boots offer that allowed him to not only purchase the meter and the Softclix 11 for £5, but also required no trade-in.

My offer looks superficially superior at 99p, but with no Softclix 11 (I have to sell it to the customer when it costs £9.05 wholesale) and all the problems of restricted trade-in terms, no wonder my sales have not been up to expectation.

Once again, Boots has stolen a march, and in a big way, because I understand that it cannot meet the demand. Boehringer Mannheim wins both ways, a brilliant marketing coup because now both Glucotrend and BM-Accutest strips will both sell in dramatically increased numbers, but one which leaves me angry and disillusioned.

Once more I have been played for a sucker and I fell for it, hook, line and sinker!

Responsible dialogue required

The battle for supremacy in the world of dispensing doctors continues to rage with the former DDA chairman, David Roberts, claiming that the new Doctors' Dispensing Association Ltd no longer represents the majority of such GPs (*C&D* January 31, p6).

My initial reaction to these signs of division was one of silent satisfaction, but this was quickly followed by a stirring of hope that the intransigent virulence of the past might, at last, be superseded by responsible dialogue.

The new DDA chairman, Malcolm Ward, certainly deserves support from all dispensing doctors because the problems of dispensing in controlled areas can only ever be resolved by negotiation. He, at least, is now prepared to publicly acknowledge the reality of the situation and, most positively, has repeated my constant assertion that pharmacists and dispensing doctors must co-exist in order to provide the best service for patients.

I hope a new era could now beckon and that constructive compromise is soon achieved. It is in the interests of both professions that the new DDA Ltd quickly becomes the accepted representative organisation for dispensing doctors and that David Roberts' destructive views once more become marginalised.

Income envy

The pay review body recommendations for doctors, dentists *et al* have now been published and awards have been made. Once again, GPs seem to have obtained more than a fair crack of the whip and, although I am certainly not envious of their workload, I do sometimes dream of attaining their target income and guaranteed pension.

The stated reason for the Government's generosity is the problem of recruitment, so perhaps this bodes well for pharmacy. However, I am as cynical as I am pessimistic and I believe that the GPs' increase was no more intended to help their recruitment problem than a similar rise would be accepted as the solution to ours!

Singulair: UK's first leukotriene antagonist to manage asthma

The UK's first leukotriene receptor antagonist for management of asthma has been launched by Merck Sharpe & Dohme.

Singulair (montelukast 10mg) and Singulair Paediatric (montelukast 5mg) tablets have been introduced as add-on therapy to short-acting beta-agonists and inhaled corticosteroids, where control of chronic mild to moderate asthma has been inadequate. They can also be used to prevent exercise-induced asthma.

Montelukast works by targeting a new inflammatory pathway in asthma. The drug selectively binds to the cysteinyl leukotriene receptors in the airways, blocking the pro-asthmatic inflammatory mediators, thus improving symptoms.

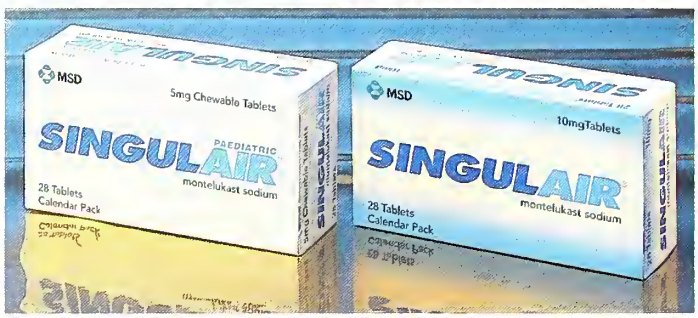
Montelukast produces bronchodilation within two hours of administration, an effect which is additive to the bronchodilation induced by beta-agonists alone. Bronchodilation is sustained over 24 hours. However, patients must be warned that montelukast must never be used to treat acute asthma attacks and that the tablets should not be substituted for inhaled or oral corticosteroids. The drug is generally well-tolerated and side effects were mild enough not to require discontinuation of therapy.

Studies have shown improved asthma control with montelukast: 48 per cent of patients on a combination of montelukast/ inhaled steroids combination had fewer asthma attacks compared to those on inhaled steroids alone. Also patients on the combined therapy had 27 per cent fewer days of asthma exacerbations compared to those on inhaled steroids only.

The dose for adults and children over 15 years old is one 10mg tablet at bedtime with or without food. The paediatric dose (children over the age of six) is one 5mg chewable tablet at night, one hour before or two hours after food.

Singulair and Singulair Paediatric come in 28-tablet packs carrying a basic NHS price of £25.69.

Merck Sharp & Dohme Ltd. Tel: 01992 467272.



A&H targets COPD with Raxar

Raxar (grepafloxacin hydrochloride) is a new generation quinolone antibiotic targeting chronic obstructive pulmonary disease.

Grepafloxacin, a broad spectrum fluoroquinolone antibiotic, is indicated for the treatment of community acquired pneumonia and acute bacterial exacerbations of chronic bronchitis. The dose for pneumonia is 600mg once daily and for chronic bronchitis 400mg initially which can be increased to 600mg daily. Treatment is continued for two to three days after symptoms have subsided, to a maximum of ten days. It can also be used against gonorrhoea and urethritis and cervicitis caused by *Chlamydiae trachomatis*.

Raxar comes in two strengths: 400mg (5 tablets, £12; 10, £24) and 600mg (5, £17; 10, £34).

Initially Raxar will be available to hospitals wth a community launch within a few months.

Allen & Hanburys Ltd. Tel: 0181 990 9888.

Zestril for renal complications in diabetes

Zestril (lisinopril) has become the first in its class to be licensed for renal complications in insulin-dependent and non-insulin diabetes mellitus.

The new indication is for use in diabetics with incipient nephropathy characterised by microalbuminuria. The licence extension follows two studies of lisinopril one of which showed an 18.8 per cent reduction in albumin excretion rates with lisinopril, compared with placebo.

Diabetic nephropathy affects 30 per cent of all diabetics. Even mild microalbuminuria in IDDM patients can result in a 40-fold increase in mortality due to cardiovascular disease and end-stage renal failure, compared with the non-diabetic population.

Zestril is already licensed for three other indications: hypertension, congestive heart failure and acute myocardial infarction.

Zeneca Pharma. Tel: 01625 712712.

Chilli approach to diabetic neuropathy

Axsain cream has had its licence extended to include the treatment of painful diabetic peripheral neuropathy.

Axsain's active component capsaicin (an extract from green chillies) is thought to work by depleting substance P – the principal neurotransmitter of pain – in the peripheral nervous system without blocking other sensations. This makes capsaicin of particular benefit in diabetic neuropathies.

The cream should only be used in diabetic patients under the direct supervision of a specialist. Treatment should be restricted to eight weeks initially, but this can be extended after the patient has been re-assessed.

Axsain is already being used in post-herpetic neuralgia where it has been shown to alleviate discomfort in 60 per cent of patients for up to two years.

Axsain is available in a 45g tube and has a basic NHS price of £15.04.

Bioglan Laboratories Ltd. Tel: 01462 438444.

Spasmonal Forte strength

Norgine has launched Spasmonal Forte (60, basic NHS price £13.10) containing 120mg alverine citrate, double the strength of the standard Spasmonal. The dose of Spasmonal Forte is one capsule one to three times a day. Although the product carries a P licence, it is restricted to ethical use.

Norgine Ltd. Tel: 01895 826600.

Femseven gathers strength

Merck Pharmaceuticals has introduced two new strengths of Femseven hormone replacement therapy patch: Femseven 75 (75mcg oestradiol/24 hours (4, basic NHS price £7.49) and Femseven 100, (4, £8.19).

Merck Pharmaceuticals. Tel: 01895 452200.

Borg Medicare

Borg Medicare has taken over responsibility of the following products from Hoechst Marion Roussel: Metenix-5, Lasoride, Lasikal, Lasilactone, Rythmodan, Trental and Lasix. Lasix-K has been discontinued and current stock is being depleted. Orders for the others should now be placed with Distriphar UK and pharmacists should note there have been substantial price increases to some of these products.

Borg Medicare Ltd. Tel: 01462 442993.

Wellvone Tablets discontinued

Wellvone (atovaquone) Tablets 250mg have been discontinued, but Wellvone Suspension will continue to be available.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

Timonil Retard

CP Pharmaceuticals has launched its own brand of carbamazepine tablets. Timonil Retard Tablets come in 200mg (100, basic NHS price £8.60) and 400mg (100, £16.92) strengths.

CP Pharmaceuticals Ltd. Tel: 01978 661261.

Impotence Day

Valentine's Day has been designated National Impotence Day and the Impotence Association has produced a poster to promote awareness of the problem. Posters are available from Janet O'Reilly at:

Pharmacia & Upjohn. Tel: 01908 661101.

When it comes to relieving painful sore throats, Strepsils Direct Action Spray is one of the most powerful recommendations you can make. Its anaesthetic spray provides effective relief direct to the point of pain. And with the trusted Strepsils name, your customers instinctively know it is a treatment they can trust.

Contains lidocaine hydrochloride

Clinically proven anaesthetic treatment to relieve painful, sore throats.

trepsils Direct Action. Presentation: Red liquid containing Lidocaine Hydrochloride, h. Eur. (lignocaine) 2.6mg per spray. **Also contains:** Purified Water, Sorbitol Solution, lavourings (Levomenthol Peppermint, Aniseed), Sodium Citrate, Saccharin, Alcohol, armoisine Edicol (E122). **Indications:** Symptomatic relief of severe sore thoats. **osage & Administration:** Adults and children over 12 years: Aim nozzle at back of throat nd spray three times; this is one dose. Repeat every three hours as required. No more han six doses in any 24 hour period. **Contra-indications:** If you are allergic to any of the gredients listed do not use this product. Patients suffering from asthma or ronchospasm. Not recommended for children under 12 years. Do not inhale whilst spraying and avoid contact with the eyes. **Precautions:** If symptoms persist or new symptoms arise (fever, headache, nausea and vomiting) talk to your pharmacist or doctor. If pregnant or breast feeding, or taking any other medication, consult your doctor before using this product. **Side effects:** May occasionally cause allergic reactions. Patients may experience numbness of the tongue and therefore care may need to be taken in eating and drinking hot foods. **Packaging Quantities:** 20ml bottle. Legal category [P]. **RSP:** £3.99. PL 0327/0089. **Product Licence Holder & Manufacturer:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Strepsils is a Trademark.** Prepared September 1996.

CROOKES HEALTHCARE

COUNTERpoints

Maybe it's Maybelline

Laboratoires Garnier is launching the Maybelline New York cosmetics range in the UK in March.

The L'Oréal group acquired Maybelline New York a year ago and aims to build it into one of the leading cosmetics brands by 1999.

The comprehensive cosmetics range includes over 185 different colour shades.

The core collection comprises eight products including Great Lash Mascara which comes in pink and green packaging. Retail prices range from £2.49 to £4.49.

The Maybelline Express collection features five products with fast action formulations. These include Fast Finish Nail Varnish which is formulated to dry in under a minute. Retail prices range from £3.49 to £4.49.

The Great Wear collection is a line-up of five cosmetics formulated with 'non transfer' technology to provide long-lasting colour. Retail prices range from £2.99 to £5.69.

The launch will be supported by a TV and press advertising campaign with the copyline 'Maybe she's born with it. Maybe it's Maybelline.'

Laboratoires Garnier. Tel: 0171 937 5454.

Infadrops campaign

Goldshield Pharmaceuticals is supporting its Infadrops Paediatric Paracetamol Solution this year with a direct mail campaign, targeting health professionals.

Goldshield Pharmaceuticals. Tel: 0181 649 8500.

How Lo can you go?

Leaf UK is advertising its Lo Go lower fat chocolate snack bar on Carlton TV with the copyline 'How Lo can you go?' This is part of a £500,000 advertising and promotional campaign for the brand which will run until March.

Leaf United Kingdom Ltd. Tel: 0117 9 511122.

New beauty distributor

SR Cosmetics is a new distributor of top quality skin care and fragrance products to specialist retailers in the UK. It is introducing a fine French men's fragrance in March.

SR Cosmetics (UK) Ltd. Tel: 01753 681 892.

Research prompts aftersun products

Laboratoires Garnier is introducing two high performance aftersun products into its Ambre Solaire range.

Research commissioned by the company found that consumers do not look for the same performance from aftersun as they do from body moisturisers. Important qualities required for aftersun products include soothing, moisturising and cooling, with less emphasis on texture and fragrance. Laboratoires Garnier has responded to this research with two new products.

Ambre Solaire Sunburn Relief Balm for overexposed skin is a 'glacial' blue gel containing Alpha Bisabolol, a soothing agent to help ease the burning sensation and reduce redness. Vitamin E is included to help prevent the signs of premature ageing and moisturising agents (15 per cent) are said to 'nourish' the skin.

The dermatologically tested formula means the Sunburn Relief Balm, like the entire Ambre Solaire range, is suitable for sensitive skins. A 100ml tube retails at £5.49.

Ambre Solaire Aftersun Moisturising Oil (200ml, £6.49) is a gently perfumed 'dry-oil' which leaves skin feeling 'satin smooth and supple'.

The Oil is formulated with active natural extracts of sesame oil and safflower to soothe and soften the skin, as well as Alpha Bisabolol and Vitamin E.

The oil comes in a spray pump action bottle to ensure even distribution over the skin. Its non-greasy formulation means it is quickly absorbed.

Ambre Solaire Total Screen for Sun-Intolerant Skin SPF 60 is now available on prescription. The product provides extreme protection with reinforced action against UVA, UVB and IR. A 50ml pack retails at £8.99.

Laboratoires Garnier. Tel: 0171 937 5454.

Slimmers drink to Slim Fast changes

Sun Nutritional is reformulating its Slim Fast ready-to-drink meal replacement range to bring it into line with EU regulations, coming into force in March 1999.

New formulations will be introduced between the end of February and April. The products have an improved taste and contain added vitamins, minerals and fibre.

The new formula drinks come in four flavours – Chocolate Royale, Strawberry Supreme, French Vanilla and Coffee Delight. Retail price is £1.09 for 325ml (one serving).

Banana Deluxe will currently remain in its present formulation.

The products are available in outer trays/cases of 12s and 24s.

Sun Nutritional Inc. Tel: 01753 583737.

Sporting chance for Malibu sun care

Malibu Health Products is launching Cooling Sports Gel into its Malibu sun care range.

Aimed at sports men and women, the cooling gel is designed to help combine an active lifestyle with adequate protection from the sun.

Formulated to be sweatproof and waterproof, the product offers protection from UVA and UVB rays. It is available in SPF8 (100ml, £2.99) and SPF15 (100ml, £3.99).

The range also includes two new factors of Malibu Dry Oil Spray – SPF4 (200ml, £3.49) and SPF15 (200ml, £4.99).

Suitable for all over body use, the spray comes in a pump dispenser. It is non-greasy and suitable for protecting the scalp, thinning hair and bald patches.

The range will be supported by a £1 million marketing campaign.

Malibu Health Products Ltd. Tel: 0181 579 6060.

Prestige & Collections gets extreme

Prestige & Collections will be launching Extreme Polo Sport from Ralph Lauren in Boots and selected chemists from mid-March.

Described as a fresh, cool spice, the fragrance is designed to convey the excitement and speed of extreme sports.

It has fresh, spicy top notes of black pepper oil, bergamot, bois de rose, juniper berry, nutmeg, coriander and mint. The woody mid notes are clary sage, guaicwood, cypress and cardamom. The musky base notes are musk, sandalwood, incense and elemi.

Packaged in a high-tech matte silver glass bottle, the fragrance comes in a foil wrapped canister with a metal cap.

Cost is $26 for 50ml edt, $36 for 100ml edt.

A decal is available for sampling. The front of the decal has a 'scent-a-peel' section to sample the fragrance. The back peels off to allow the decal to be used as a sticker.

Prestige & Collections Ltd. Tel: 0181 979 6699.

Boost for Vitabiotics' VMS range

Robinson Healthcare is investing £1.5 million in advertising its Vitabiotics range this year.

The campaign will start with a new press advertisement for Perfectil which features the strapline 'turn around your concept of beauty care'. This will appear in women's and health magazines.

Separate press advertising will feature Pregnacare, Menopace and Premence.

The campaign will also include poster advertising on the London Underground and on London cabs.

Robinson Healthcare. Tel: 01246 220022.


MY CUSTOMERS KEEP COMING.
Ken, Amadi Chemist, London.
durex
The UK's No.1 condom brand.
www.durex.com

Antioxidant for Lanes' range

G R Lane Health Products has added a new antioxidant product to its VMS range.

Advanced Antioxidant Complex contains vitamin E, vitamin C and selenium with a mix of natural carotenoids including beta carotene.

It is formulated to help support the body's immune system and protect healthy cells and tissues from the damage caused by excess free radicals.

UVA, tobacco smoke, car exhaust fumes and pesticides are some of the pollutants that can lead to increased levels of free radicals in the body. These molecules have been linked to cancer, heart disease, cataracts and other diseases.

The company has produced comprehensive point of sale material to support the launch, including an eye-catching shelf wobbler, shelf strips and a leaflet explaining the product's benefits.

A pack of 30 capsules retails at $4.39.

G R Lane Health Products Ltd.
Tel: 01452 507458.

Diah-Limit loperamide hits the GSL shelves

Diah-Limit has become the first brand of loperamide to be available as a General Sales List item (GSL) since its switch last September.

Made by Wallis Laboratory, Diah-Limit contains loperamide 2mg in GSL packs of six capsules retailing at $2.49.

Its launch is being supported by a PR package and a national press campaign which kicks off on April 6. Titles targeted include the *Daily Mail*, the *Sun* and the *Daily Express*.

Wallis Laboratory expects GSL loperamide to stimulate the anti-diarrhoeal market which is currently valued at $16 million.

The Wallis Laboratory Ltd. Tel: 01582 413614.

Devil brush campaign from Dentox

Dentox is supporting its Brushtox antiseptic toothbrush cleanser with a $280,000 press advertising campaign which will run until early summer.

Entitled 'Devil Brush', the campaign points out that it is not only coughs and sneezes which spread diseases, but that bacteria, viruses and fungi can infect a new brush within two days.

Formulated to kill the germs which thrive on toothbrushes, Brushtox comes in a 100ml spray bottle ($3.29).

Ceuta Healthcare.
Tel: 01202 780558.

Efamol reformulates PMS product

Efamol has reformulated its Efamol PMP Extra Strength Pre-Menstrual Pack supplement.

Formulated with pure evening primrose oil, selected vitamins and minerals, the product now contains increased levels of magnesium. It also has a lower level of B6 which has been adjusted to take account of new government recommendations.

The new capsule shape makes swallowing easier and the new regimen of two capsules every day instead of four capsules on each of the ten days before menstruation, will be simpler to manage.

A month's supply of 56 capsules retails at $5.99.

Efamol Ltd.
Tel: 01483 304441.

Going Dutch for herbal tea

Jan de Vries Dutch Herbal Tea contains a mixture of 15 herbs to help maintain a sense of wellbeing by cleansing and reviving the body.

Developed by Jan de Vries, a practising naturopath who trained as a pharmacist, the refreshing tea is free from caffeine and tannin.

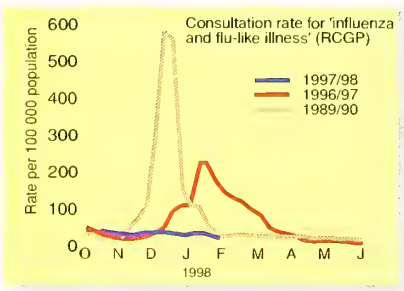
A box of 30 individual tea bags retails at £2.25.

Bioforce (UK) Ltd.
Tel: 01294 277344.

Flu Monitor

PHLS

Information updated weekly by the Public Health Laboratory Service, London



Flu infection still sporadic

Influenza A viruses continue to be isolated in small numbers, but consultation rates in sentinel GP schemes for flu and flu-like illness remain within baseline levels. Two outbreaks of flu were reported in boarding schools towards the end of January.

In the RCGP scheme for England consultations fell slightly from 31 per 100,00 population in week 3 to 27 per 100,000 in the last week of January. In Wales consultation rates fell from 3.5 to 1.3 per 100,000 in week 4. In Scotland consultations for flu-like illness declined over three weeks in January to reach 70 per 100,000 at week 4. This is within the range for 'normal seasonal activity'.

Consultation rates for other respiratory conditions showed similar small decreases. The number of reports of RSV infection, which produces symptoms similar to a heavy cold, fell for the third consecutive week to 332 in week 5 compared to 666 the previous week.

Across the Channel in France, as in several other European countries, flu cases continue to be detected in small numbers, but with relatively little effect on consultations with GPs and paediatricians.

Data from the PHLS (Communicable Disease Surveillance Centre, Virus Reference Division, CDSC Welsh Unit), the RCGP and Scottish Centre for Infection and Environmental Health

ON TV NEXT WEEK

Aquafresh Flex (Toothbrush): All areas
Benylin: All areas
Clearblue Home Pregnancy Test: G, C, LWT, CAR, Sat
Covonia: GMTV
Diflucan One: C4, Sat, C5
Equilon: GTV, HTV, W, M, CAR
Feldene P Gel: All areas
First Response Pregnancy Test: TT, C4
Ibuleve: C4, LWT,
Karvol: All areas except U, LWT, C4, GMTV
New Clearasil Complete: All areas
Nizoral: GTV, STV, B,G, C, CAR, C4, C5
Nytol: All areas
Otex: C4, LWT,
Pearl Drops: C4, C5
Seven Seas extra high strength cod liver oil: LWT, CAR
Slim Fast: All areas
Slumber Cup: C, LWT
Soothelip: C, LWT, M
Strepsils: All areas
Tixylix: All areas except C4
Vicks Sinex: All areas except U & C4
Vicks Vaporub: All areas except U
Vicks New Vaposyrup: GTV, STV
Wella Experience and Wella Shock Waves: Sat
Zovirax Cold Sore Cream: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

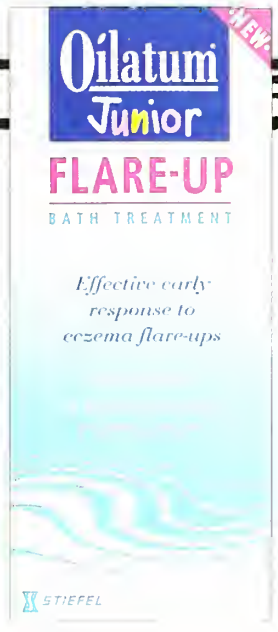
New from Oilatum. A unique way to treat their eczema flare-ups.

When eczema flares up in children it needs something special to treat it. So we've developed New Oilatum Junior Flare-Up – to effectively soothe away symptoms whilst they play in the bath.

Containing antiseptics to reduce the level of Staphylococcal bacteria – one of the causes of a flare up, and light liquid paraffin to relieve the itch, Oilatum Junior Flare-Up can help reduce the severity and duration of the attack – especially if used early on.

And while it's strong enough to bring relief, it's safe enough for everyday use.

We're spending £750,000 on a national consumer press campaign which includes new Oilatum Junior Flare-Up, so stock up now and get ready for the flare up in eczema sales.



New Oilatum® Junior Flare-Up

NOW YOU CAN ORDER THE OILATUM RANGE DIRECT FROM STIEFEL ON FREEPHONE 0800 783 6699

NEW OILATUM HAND AQUAGEL NOW AVAILABLE

Product Information. Presentation: Oilatum Junior Flare-Up is an emollient bath additive, containing Benzalkonium Chloride 6%, Triclosan 2%, Light Liquid Paraffin 52.5% w/w **Uses:** For the topical treatment of eczemas including eczemas at risk of infection **Dosage and Administration:** Always add to bath water. Infants over 6 months; Add 1ml to a small bath of water. Apply over body with a sponge. Pat dry. Child, Add 1-2 capfuls to an 8 inch bath of water. Soak for 10-20 minutes. Pat dry. There is no need to use soap **Caution:** Take care to avoid slipping in the bath. Avoid contact of undiluted product with eyes and skin. If unwanted effect occurs, stop using the product and consult your pharmacist or doctor **Contra-indications:** Hypersensitivity **Legal Category:** GSL **Retail Price:** 150ml £5.85. **Product Licence Number:** PL01740070 **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks HP10 0AU **Date of Information:** December 1997

Wakefield HA ready to launch primary care formulary

Wakefield Health Authority is to launch its own drug formulary for primary care prescribers in March.

WORLD – Wakefield's own recommended list of drugs – will be unveiled to pharmacists and doctors at an evening seminar on March 4.

The driving force behind the development of the formulary has been the HA's medical advisor and pharmaceutical advisor Alex Bower.

The formulary is based on therapeutic indications where GPs are likely to initiate treatment, says Mr Bower. It was drawn up using a similar approach to that which the Department of Health has used in developing its Prodigy computerised prescribing program.

WORLD is causing some concerns to pharmaceutical companies, says Mr Bower, even though no details of products included in the formulary are yet available.

"From the pharmacist's point of view, there is a tremendous opportunity to work with local GP practices to implement any changes in a planned way," says Mr Bower. "We are hoping it will foster dialogue."

According to LPC chairman Philip Bratley, one pharmacist is putting in a bid for funding of £15,000 from the HA to allow him and other contractors in his area to implement WORLD with GPs in their locality.

● The results of three pilot projects in areas such as smoking cessation and repeat prescribing are due to be released soon.

Mr Bower says two new pilots are currently underway. Two pharmacists are looking to develop symptom-led referral protocols for their staff, while three more are involved in a programme to improve the management of asthma patients.

There has been a disappointing uptake from contractors for the pilots, he says, and he attributes this partly to political naivety and partly to inexperience.

"Pharmacists do not always see the bigger picture, how important it is to establish links with GPs and nurses which might be of use in the future.

"In the new role areas, they have to demonstrate their contribution and persuade people they have something to offer."

LPC puts pharmacists in the frame

Wakefield Local Pharmaceutical Committee has developed an innovative way of involving pharmacists in the primary care groups proposed under Labour's recent health White Paper for England.

Last year, ahead of the White Paper, Wakefield Health Authority set up a locality commissioning pilot project in which the HA's budget for hospital and community care was devolved to five localities to manage. Since pharmacists were not included on the locality boards, the LPC decided to set up its own 'shadow system' to open a line of communication. "There is a lead GP from each locality who sits on the the strategy board of the health authority. We decided to establish a lead pharmacist for each locality," explains LPC chairman Philip Bratley.

In formulating its policy, the LPC was helped by the National Pharmaceutical Association's professional development department, which advised on the best way forward and organised a training day for the lead pharmacists. Pharmaceutical adviser Alex Bower also helped.

The HA's newsletter gave details of the 'lead pharmacists' and their phone numbers, but the response so far has been patchy, according to Mr Bratley.

"The priority was to make contact with locality managers. Some lead pharmacists have managed to speak to their lead GP. Interest among doctors has been varied.

"One of the drawbacks is that 'help' usually involves saving them money. There have been a lot of fine words, but we have not seen much action," he says.

However, Mr Bratley says the HA has advised the LPC to put in bids for funding for the time lead pharmacists are putting aside to advise their localities.

The Wakefield locality commissioning project anticipated the restructuring of primary care services outlined in 'The New NHS – Modern, Dependable', which sees primary care groups bringing together doctors and nurses to cover local populations of 50,000 to 100,000. PCGs will operate at four levels, ranging from simply providing advice to health authorities, to purchasing services and providing community health services.

The White Paper says that "other primary care professionals ... such as pharmacists, will need to be drawn in to contribute to the planning and provision of services".

Pharmacy hosts information point to combat drug misuse

A Berkshire pharmacy is helping a community action group raise awareness of the dangers of drug misuse.

Pharmacist Graham Jones, who is also a district counsellor, has given over a window of his Lambourn pharmacy to the display, which was initiated by the Lambourn Valley Action Group. Residents will also be able to obtain other literature about drug problems.

The LVAG is a "multi-agency group" set to address issues facing Lambourn, which is described as a "largish village" in the centre of the horse racing world. Mr Jones said of the scheme: "Lambourn is not unique in having both social and drugs related problems, but unlike many other towns and villages we have chosen not to ignore them, but to address them through the Lambourn Action Group."

The scheme was launched on Monday by former international footballer Mick Channon, pictured left, with Graham Jones outside the Lambourn pharmacy.

When your customers need powerful pain relief, there's no better recommendation than Nurofen Plus. It is the potent combination of ibuprofen and codeine in Nurofen Plus which ensures that it is an ideal treatment for migraine, tension headache, cramping period pain, dental pain, neuralgia, sciatica, lumbago and rheumatic pain. When extra relief is called for, recommend nothing less than Nurofen Plus. With dual action pain relief and proven tolerability, it's clear why Nurofen Plus is the fastest growing analgesic in pharmacy.

NUROFEN PLUS 24 Tablets
ADVANCED DUAL ACTION FOR POWERFUL PAIN RELIEF
ibuprofen codeine

RECOMMEND NOTHING LESS

NPA supporting PIANA on pharmacy standards

Recommendations to improve standards in pharmacy premises could be implemented by the National Pharmaceutical Association. In particular, four main areas – premises, core activities, dress and additional roles – have been identified by the NPA strategy working group as key areas for improvement.

At its monthly meeting last week, the NPA board agreed that the Association should seek further collaboration with the Royal Pharmaceutical Society on a number of initiatives designed to improve standards within pharmacies. The working group recommendations are made in a discussion paper on community pharmacy standards as part of the NPA's response to issues raised in the 'Pharmacy in a New Age' initiative.

This latest paper follows discussion papers on skill mix and rational distribution (*C&D* December 13, 1997, p20-24). It refers to the efforts being made by pharmacy bodies and most pharmacists to improve pharmacy standards, but says that this is being undermined by a minority of pharmacists with unprofessional premises and poor standards. This is damaging the profession in the eyes of policy makers, other professions and the public, and is harming efforts by those wanting to take advantage of opportunities to develop their role, it concludes.

NHS White Paper Despite initial disappointment over the health White Paper, the NPA board will continue to promote the importance of involving community pharmacists, including the work of the NPA's community pharmacy development co-ordinators.

Dual labelling The Board is concerned over proposals to introduce 'dual labelling' on certain medicinal substances. The EC requires that all medicines carry the recommended International Non-proprietary Name of the product on leaflets and labels, replacing British Approved Names. However, the MCA is worried about the effects of a sudden change to product name, creating confusion among patients, prescribers or dispensers, so it is proposing that a number of products carry both the rINN and the BAN for a transitional period of five years.

The Board would like clarification of whether the regulations are intended for dispensing labels as well as manufacturers' labels. If so, there could be problems with current labelling software limitations, as well as insufficient space on the label for two names.

The Board wants dispensing labels on unmarked containers to carry only the rINN, which could be supported by counselling, an information leaflet or a smaller, secondary label with a generic advice message. There was also concern over prescribers continuing to use the BAN on prescription forms as professional guidelines require pharmacists to use the same name on the label as that on the prescription.

Resale Price Maintenance CPAG chairman David Sharpe, reported that about 70 Labour MPs had supported an Early Day Motion in favour of the pro-RPM lobby. CPAG has also organised a special briefing meeting on RPM for Labour MPs, to be held at the House of Commons this month. Lord Morris was tabling a number of pro-RPM amendments to the Competition Bill.

Fraud Report While supporting the will to see prescription fraud eliminated, the board was concerned at the proposal to make pharmacists responsible for checking eligibility for exemption. It would not accept any arrangement which would undermine the relationship between pharmacists and patients or damage patient care.

Royal Commission on Long Term Care for the Elderly A letter from the NPA to the Royal Commission has outlined the pharmacist's contribution in this area, highlighting the NPA medication management service package, and the work of a multidisciplinary working group established by the NPA to produce a co-ordinated approach to medication management. It is calling on the Commission to take action to allow pharmacists to offer an extended, clinical pharmaceutical service within residential homes.

Public health letter David Hinchliffe MP, chairman of the Parliamentary Health Select Committee, has acknowledged an NPA letter highlighting the positive role that community pharmacists play in promoting public health and stressing concerns over factors affecting the viability of local pharmacies.

Resource pack for oral hearings The NPA is considering providing a resource pack to help members involved in contract application hearings.

Consumer offers for non-Drug Tariff items The NPA is to contact pharmaceutical manufacturers and request that consumer offers for non-Drug Tariff items be made available in all pharmacy outlets and not restricted to particular retailers. This follows a recent case in which a manufacturer of blood glucose meters contacted insulin-dependent diabetic patients to tell them about a special discount promotion, which was available only through one retail group.

Proposals to amend POM order The NPA has supported the latest proposals for amendments to the POM Order but has asked the MCA to clarify how it intends to ensure that products containing phenolphthalein are withdrawn from non-pharmacy sale when it becomes a POM.

Professional Development Head of the professional development department Georgina Craig has accepted a place on the editorial board of *Community Mental Health*, a new publication aimed at general medical practices and community psychiatric nurses. Mrs Craig is also to visit Germany to help establish a repeat dispensing pilot. The Department is also working on a community pharmacy-initiated programme to help patients switch to CFC inhalers and is planning to work with contractors on projects to establish community pharmacies as healthy living centres for the provision of information and support to help people lead healthier lives.

Training Department Annual Report Among projects planned for 1998 is a new Business Management course and the development of an introductory pack for members on health promotion.

Chemical Gloves The NPA is to ask PSNC to seek pricing authority approval for out of pocket expenses, such as chemical gloves to use in the handling of coal tar preparations.

Millennium memorabilia A selection of pharmacy display/gift items commemorating the millennium are to be made available for members. A commemorative balance, to mark the year 2000 as the last year in which dispensary balances can be Crown-stamped, is already underway.

State of the Association NPA director John D'Arcy reviewed the NPA's past year's activity and highlighted the principal issues that the NPA would be tackling on behalf of its members in the run-up to the millennium.

Over the past 12 months, the Association had represented NPA members on a number of important matters including RPM, manpower problems, changes to VAT regulations, changes to classification of medicines, information technology, prescription fraud and PIANA. It was also engaged in influencing new legislation concerning working time directives, late payment, unit pricing and the national minimum wage, and participating fully in the development of community pharmacy within Europe. These efforts would continue throughout 1998.

Looking to the future, Mr D'Arcy identified the failure of the Department of Health to include community pharmacy on the NHS Net as an area of great concern. Pharmacy's involvement in the 'new' NHS, dwindling margins and the advent of more European legislation were other issues that were certain to concentrate minds in the months ahead, he said. But while the future was in some respects threatening, he argued, it was also challenging, with opportunities for pharmacists prepared to mould themselves to fit new expectations. The Association would continue to work unstintingly to help its members take advantage of new opportunities, he added.

As the latest part of its response to the Building the Future document, the Association's Strategy Working Group had produced a discussion paper on standards. The paper referred to the efforts being made by pharmacy representative bodies and most pharmacists to improve pharmacy standards, efforts which were being undermined by a minority of pharmacists with unprofessional premises and poor standards. Such a situation damaged the profession in the eyes of policy makers, other professions and the public and harmed efforts by those wanting to take advantage of opportunities to develop their role. The Working Group had concluded that the four main standards issues for community pharmacy were premises, core activities, dress and additional roles and had outlined a number of action points to improve the situation in each of these areas.

PHARMACY update

Gum alert

Periodontal problems, halitosis, mouth ulcers and sensitive teeth come under the scrutiny of Derek Balon, community pharmacist and lecturer at King's College London

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1080), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 14, PROVIDES ONE HOUR'S CONTINUOUS EDUCATION

OBJECTIVES

- To be aware of common mouth problems other than dental caries
- To recognise the signs and symptoms of each problem
- To be aware of their management
- To be able to recommend over the counter treatment

Gum disease, halitosis, mouth ulcers and sensitive teeth are all problems which fall under oral health and which do not necessarily require a trip to the dentist. Each one is discussed in detail below.

Periodontal problems

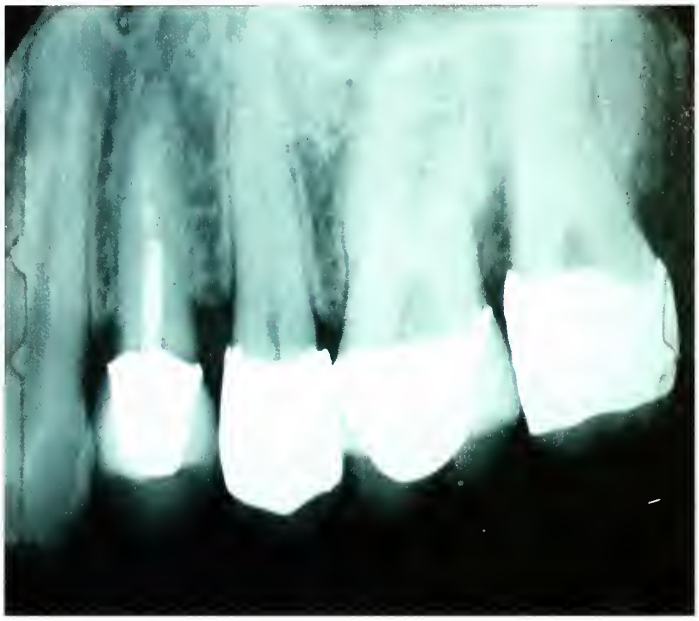
Periodontal problems affect the supporting tissues of the teeth and are related to poor gum management. They constitute the major dental risk to the adult population.

The most important cause is accumulation of plaque which leads to bacterial growth and subsequent inflammation. There are two major conditions, gingivitis and the more severe periodontitis.

Gingivitis: Plaque which accumulates at the tooth gum junction harbours various bacteria which produce metabolites. These metabolites, which include inflammatory agents, are secreted into the local gum. This results in capillary dilatation and oedema, the redness and swelling which are symptoms of the condition.

If the plaque and its associated bacterial colony are not removed, the degradatory process continues leading to decreased venous return and a bluish tinge of deoxygenated blood being observed.

Periodontitis: Gingival epithelial cells are attached to tooth enamel at the gum tooth junction. As a consequence of bacterial action, there may be loss of this epithelial attachment causing the development of 'pockets'. These may be 3-4mm deep and they harbour food particles and bacteria. This also leads to gum recession.



Poor mouth and gum care are the basic causes of periodontal conditions

If this is not resolved the condition worsens. The marginal gingivae is normally attached to the teeth by a network of collagen fibres which is called the periodontal ligament. This ligament may become weakened and alveolar bone is irreversibly lost.

The tooth becomes loose and there is a danger of further bacterial attack with the development of abscesses, and eventual tooth loss.

Patient presentation

The initial sign that the patient recognises is usually bleeding gums. This occurs fairly early in the disease. Bad breath and receding gums follow. Tooth sensitivity is usually a later stage and eventually abscesses form with concomitant pain.

Current medication is not usually significant but phenytoin, nifedipine and cyclosporin may produce gingival hyperplasia. The combined oral contraceptive is also thought to increase the incidence of gingivitis.

Questions to ask:

- How long have you had the problem?
- Do your gums bleed on brushing or eating 'hard' food?
- Is there any unpleasant odour/taste in your mouth?
- Do you use floss/dental sticks/an interspace toothbrush?
- When did you last see your dentist?

Diagnosis

The primary symptom is the change in colour, position and nature of the gingivae (gum/tooth margin). In the early stages they become darker red (as opposed to pink in the healthy subject) and glossy. Gums bleed at the slightest provocation as they are poorly attached to the cementum and periodontal ligament.

As the condition progresses the gum margin regresses and cementum, which is normally covered by the gum is seen. Malodorous breath may be noted. Pockets are often present which may be recognised by the patient as sources of bad taste and even depositories of decaying food.

In the majority of cases poor mouth hygiene and gum care are the basic causes of periodontal conditions. Breathing through the mouth causes anterior teeth to be more affected due to the wetting/drying cycle.

Other predisposing factors include smoking, malnutrition and anxiety and stress. Good oral hygiene reverses the condition.

The condition is insidious and this results in patients often not even being aware of the problem. Pharmacists must be aware of the signs to alert patients that they need to

Continued on PII ▶

◀ Continued from P1

modify their oral cleaning habits.

Management

There are few problems in selection of management strategies. The aim of management is to strengthen the gums so that the adhesion of the gingivae is re-established.

Pharmacists are able to provide non-drug strategies in the vast majority of cases, but if the symptoms include plaque at the gum/tooth margin, gum recession, pain or infection consultation with the dentist and an oral hygienist is required.

Diet has some influence on periodontal condition. Patients should be encouraged to eat some food which requires biting and chewing. A crisp apple is a good example.

The act of biting then chewing results in the gums being stimulated by the food, helping to remove other debris and plaque.

Early stage periodontal conditions are often the result of poor cleaning techniques and inappropriate tools. Furthermore, many patients do not realise that they should brush their gums.

The toothbrush should be sufficiently pliable to allow cleaning of the tooth/gum junction. A gentle scrubbing motion with the brush held at a 45 degrees angle to the tooth is recommended, the patient being encouraged to pay attention to the gumline.

Toothbrushes should be replaced every three months. Indicator brushes are useful in that they remind patients to replace one which is worn out. Allowing the brush to become dry before re-use decreases fibre wear thus having two brushes is recommended.

The efficacy of electric brushes in removing debris and plaque depends on the patient's method of application.

Another mechanical aid is the irrigation device. These direct a 'high pressure' water jet onto the tooth or gum. They are not replacements for the toothbrush but are useful for removing loose debris from inaccessible areas such as bridges and orthodontic bands.

Major problems are often the result of the lack of cleaning the interdental spaces. Dental flossing is one of the recommended methods of preventing the build up of plaque in these spaces.

There is little evidence to select which of the two types of floss – waxed and unwaxed – is best. Some authorities suggest some of the wax is deposited on use from the former, others suggest the fibres of unwaxed floss are likely to cause foci for new plaque deposition.

There are various devices to assist application of floss to the teeth. For some patients and in some situations they are valuable.

Interdental sticks are used to massage the gum of the interdental space. Used in combination with floss, they add to gum stimulation and thus help protect against gingivitis.

Product selection

Some evidence exists to suggest mouth rinses help control or aid the removal of plaque but this is not yet universally accepted.

Two agents are used by dentists after treatment to reduce periodontal problems: oxygenating agents such as sodium perborate and the antibacterial, chlorhexidine.

Chlorhexidine has specific affinity for plaque and pellicle, and this accounts for its value in dental hygiene. It also combines with hydroxyapatite and may reduce plaque formation by this mechanism. Reversible tooth staining may occur with continuous long term use.

Halitosis

Some degree of bad breath is normal first thing in the morning. This is the result of reduced tongue activity and salivary flow during the night. There is a build up of a high concentration of malodorous sulphur compounds produced by bacteria overnight which results in halitosis. Mouth breathers also suffer more from morning halitosis.

Bad breath at other times may indicate a problem. As many as 85 per cent of halitosis cases are caused by problems in the oral cavity. Gingivitis, periodontitis and caries are common causes, while oral cancer may be implicated in extreme cases.

However, non-oral causes are well known. These include sinusitis, tonsillitis and rhinitis. Gastric problems as well as diet may be the cause. Highly odorous foods and drinks give off smells which may 'leak' from the stomach. These include onions, garlic, spicy foods and alcohol. These are also excreted from the lungs giving rise to halitosis many hours after ingestion.

Halitosis of short duration may be due to the stomach being empty. Other rarer causes include tuberculosis and acute serious illness such as typhoid fever.

Management

Mouth rinses probably only serve to mask the odour in patients without pathology. However, they increase saliva flow, which may be of value in minor cases of non-specific halitosis.

Identifying the underlying cause is essential. Oral problems can be diagnosed and suitable treatment initiated. Good oral hygiene is essential and if there is an underlying problem it must be specifically treated.

Investigating problems outside the oral cavity is the second stage. Sinusitis is the second most common cause and decongestants or antibiotics may be required.

Aphthous ulcer

About a fifth of the population suffer from mouth ulcers in any one year. US surveys indicate they are most common in patients who are stressed and that a slightly increased proportion of females are affected.

Single isolated traumatic ulcers are often due to catching the gum with the toothbrush or hard food.

The cause of recurrent aphthous stomatitis is largely unknown. Many factors appear to be involved, including genetic predisposition, hypersensitivity to normal mouth bacteria, food allergies, hormonal changes, systemic disease and nutritional deficiency. Recent research has implicated the immune system and a specific trigger event (stress, trauma, female cycle).

Aphthous ulcers range from 0.3-3cms in diameter and occur on the non-keratinised mucosal surfaces of the mouth such as the cheeks, tongue and gums. They have depressed round grey area and a red erythomatous edge. They may be extremely painful, inhibiting eating.

Management

Most ulcers persist for seven to 14 days and heal spontaneously. Patients often require active treatment and for single traumatic ulcers a local anaesthetic gel or pastille is reasonable. Topical corticosteroids (triamcinolone gel and hydrocortisone pellets) are available OTC.

Other products increase saliva flow or just act as a mouthwash/rinse. Overuse of products containing inflammatory substances such as menthol, phenol, camphor and eugenol should be discouraged as they may cause sensitisation.

Systemic analgesics may be used for severe cases of pain, especially when eating, but use of iced water sipped just before and during food intake is just as useful.

Recurrent ulcer patients should be referred. Diet may be implicated and high doses of vitamin B may help.

Hypersensitive teeth

Many patients develop teeth sensitivity and it may be related to gum recession, exposing the cementum/enamel junction. Other cases include excessive brushing with a hard toothbrush and use of abrasive toothpastes or powders. Gum recession is common in old age .

Reversal of gum recession should be the major aim of treatment. Sensitivity caused by the nerves being more accessible may be treated by specific toothpastes designed to 'block the pores' in the enamel. The strontium ion is believed to block nerve access and is thus useful.

A second mechanism is to reduce nerve transmission using the potassium ion. Fluoride is also incorporated in some toothpastes designed for sensitive teeth.

Applying these toothpastes directly to teeth with a finger is more effective than traditional brushing.

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ACTION PLAN

1. For the next 20 patients who present with oral problems, record in your practice notebook the type of problem (teeth, gum, other) and the approximate age of the presenter. Observe if there is any relationship
2. Look at the ancillary tooth/gum cleaning products you sell. Do they cater for all problems?
3. Think about the difference between the various types of floss you sell. Can you explain why a patient should select a particular type?

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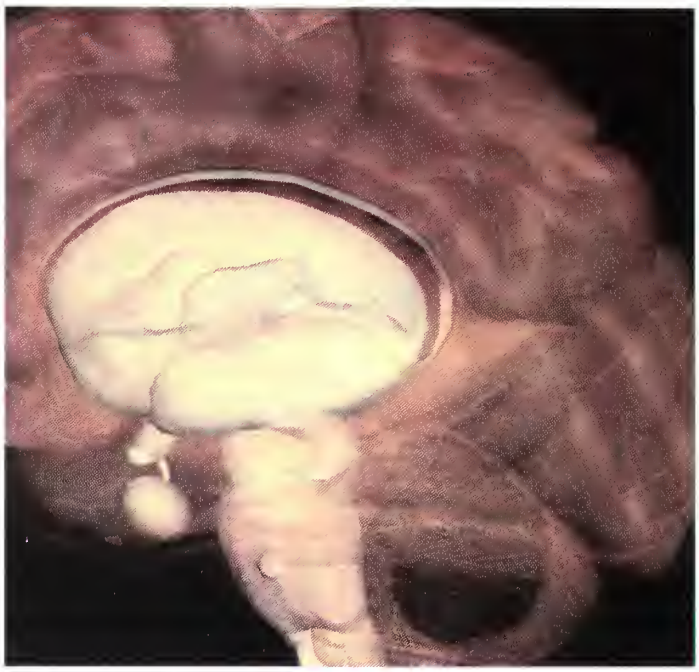
Mental arithmetic

Pharmacists need to calculate a strategy for providing support for the mentally ill in the community. In this second article on mental health services, Mary Allen, community pharmacist on the UK Psychiatric Pharmacy Group, outlines the areas where pharmacists can get involved



Abnormalities of the brain's function exist in most schizophrenics

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1081), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 14, PROVIDES ONE HOUR'S CONTINUOUS EDUCATION

OBJECTIVES

- To find ways to improve communication between pharmacists, voluntary groups, and patients and carers
- To become familiar with the range of voluntary sector and other user/carer groups
- To identify the medication issues that are important to patients and carers

Society has developed different ways to deal with people suffering mental illness. In Victorian times, those people who suffered serious (and sometimes not-so-serious) mental illness lived in asylums. The main push for the move to community-based care came in the 1950s with the introduction of antipsychotic drugs such as chlorpromazine, which offered hope of a more stable and independent life outside the asylum or old psychiatric hospital.

This article considers practical ways in which community pharmacists can help provide support for people with severe mental illness, and their carers. This is summarised in Box 1.

Severe mental illness

In general (in community care terms), 'severely mentally ill' clients are those diagnosed as suffering from some sort of psychotic illness such as schizophrenia or a similar disorder, or severe affective disorder such as bipolar affective disorder (manic depression). They may suffer from a chronic enduring condition or display florid symptoms, and may undergo

Box 1: Mental illness – what should we be doing about it?

- Increasing public awareness about mental illness and helping to reduce stigma
- Identifying people with relevant mental health needs
- Promoting safe and effective use of medicines
- Providing needs-led pharmaceutical care
- Providing appropriate infrastructure within pharmacy to support the above

recurring crises leading to hospital admissions or other interventions. They will usually suffer substantial disability as a result of their illness in terms of problems with personal care, domestic skills, relationships and employment. Some may pose a risk to their own safety or that of others. The number of people who are classed as severely mentally ill is fairly small.

Schizophrenia

Schizophrenia is a term used to describe a range of related serious illnesses. One per cent of the population may be affected at some stage of their life, and the illnesses are found in all cultures. At any one time about three or four people per thousand of the population experience schizophrenia-related problems.

The causes of schizophrenia are not fully understood. Abnormalities of the structure and function of the brain exist in the majority of people with schizophrenia. People with schizophrenia have abnormally large ventricles and smaller brains. Since antipsychotic drugs act by reducing the effects of the neurotransmitter dopamine at D_2 receptors in the brain, there have been theories relating to abnormalities with dopamine production, although this is still in question. There is a genetic factor involved in schizophrenia. The chances of developing schizophrenia are increased where there is a close relative with the disorder. It seems likely that more than one gene may be involved.

There is some evidence that schizophrenia may be associated with interference with early brain development, possibly as a result of viral infections or malnutrition during pregnancy. Birth difficulties may increase the risk of developing schizophrenia.

Whatever the cause of schizophrenia, the disorder is often precipitated by adverse life events such as the break-up of a relationship, loss of a job or a bereavement. Alcohol and drug misuse may also be precipitating factors.

Symptoms of schizophrenia include frightening 'positive' symptoms such as auditory hallucinations (hearing voices) and delusions (misguided or false beliefs), and thought disturbances. Some sufferers experience negative symptoms such as blunted emotions, social withdrawal and apathy. Inappropriate reactions or emotions may occur (the classical example is laughing at a funeral). The positive symptoms respond more readily to treatment.

Bipolar affective disorder (manic depression) may also cause severe mental illness. This causes mood swings between mania and depression and the illness can be devastating.

Public awareness

Examine your own attitude to mental illness. If you and your staff provide a sympathetic approach then people with mental health problems and those who care for them will be more able to ask your advice.

Display leaflets about mental illness, and about local services and support groups in your pharmacy. Your local self-help groups may provide their own leaflets about their services – make sure they know you can display them. This is an easy way to open communication channels with local service providers as well as generally raising awareness about mental illness and support services.

Identifying patients

Patients can be identified through:

- good discharge planning arrangements
- prescribed medicines for patients in primary care
- close working relationships with the local Community Mental Health Team
- working with staff in nursing homes, residential homes and hostels
- working with local user and carer groups.

Safe and effective medicines

This may involve:

- prescribing advice and support for GPs

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- advice and encouragement on medicines usage for users and carers within the pharmacy
- working with local user groups and day centre service. This provides a useful way to target the relevant groups. Users and/or their family carers can be advised on a one-to-one basis or in group sessions away from the pressure (on you) in the pharmacy
- training others involved in supporting users and carers about medicines issues, eg home care assistants and volunteer befrienders

Needs-led pharmaceutical care

All too often, this seems to mean providing drugs in a dosette box. A community pharmacy near me provides drugs in dosette boxes for identified elderly-confused patients and for mentally ill patients. Identified, that is, by the Community Mental Health Team or other body – not by the pharmacist. I work there occasionally as a locum and happened to be working one day when a member of the home support team came in to collect Joe Blogg's box.

This turned out to contain one tablet each day (sulpiride 400mg) placed in a dosette box. I expressed my surprise at the need for a memory aid for one tablet and was told by the home carer that part of his job was to watch Joe take his daily tablet. I asked why it needed to be put in a dosette box first – after all it came from the manufacturer packed in foil blisters so why did it need to go in a dosette box? The home carer didn't know, except 'it was the rules'. Joe rarely went out, he was withdrawn and socially isolated and rarely saw anyone except the home care assistant. The CMHT pays for the dosette boxes (two per client) but not for the time spent filling them.

Compare this with another case. The local Social Services Department asked me to run a session about medication issues for Tranquil Friends, a local user group originally set up by the SSD mental health services development group. This led to further sessions for two other mental health user groups, a carers' group, and a training session for the local Befriending Scheme volunteers. Although Social Services wanted the session, they had no funds to pay for it! However, I managed to get some short-term funding for this and the later sessions from elsewhere.

As a direct result of early sessions, one of the users was able to successfully discuss with his doctor the need to continue with one of the seven drugs he was on (he'd had it prescribed during a crisis some years before and it had just been continued without question). He has now discontinued this medicine at a saving of £33 per month to the health services, and the fact that he had been able to initiate this change did wonders for his confidence.

Funding pharmacist advice may well provide a more cost-effective way of utilising resources than indiscriminate use of dosette boxes!

Specialist pharmacists

Before the closure of the long-stay psychiatric hospitals, medical and nursing staff had access to pharmaceutical support from those pharmacists specialising in psychiatric pharmaceutical care. There is now a danger of this valuable resource being lost. While community pharmacists can successfully meet the vast majority of pharmaceutical needs of this group, there will be some complex needs that will benefit from input from a specialist pharmacist. Local frameworks which encourage secondary and primary care pharmacists to work together and to draw on the expertise of the specialist pharmacists will benefit patients, and produce a stronger role for pharmacy in supporting this client group. Last month's reversal of Care in the Community will help this.

Crucial issues

Whether you are providing information and advice for mental health service users and/or their carers in your pharmacy or in other settings, the crucial issues are the same. Box 2 provides a check list – ensure your knowledge of these issues is up to date (or consider how to fill the gaps).

Pharmacists should be aware of the types of drugs used to treat psychotic disorders such as schizophrenia. The vast majority of patients are still treated with the older antipsychotics which are generally thought to produce only a partial response in all patients and no response in 20 per cent of patients. All the newer drugs are thought to be effective in treating schizophrenia. They have a lower incidence of adverse effects than the older drugs. This is thought to improve both quality of life and compliance, but they are currently not very widely used mainly due to their high cost.

Side-effects

Dopamine blockade in parts of the brain other than those affecting mood and behaviour causes unpleasant side-effects such as movement disorders and endocrine effects. Antipsychotic drugs may also have anticholinergic, antihistamine (sedative) effects and cardiovascular effects. The antipsychotic drugs vary in their side-effect profiles, and drug choice should be tailored to the patient.

Movement disorders (Extrapyramidal effects) include:

- dystonia: spasms of the face, neck, eyes and spine. These are most common in young males and usually occur soon after starting treatment
- akathisia: restlessness, jitteryness, constant leg movements. This side-effect is sometimes seen as a new symptom which can create problems – the dose of antipsychotic may be increased in an attempt to reduce the apparent restlessness, thus exacerbating the problem
- Parkinsonian effects: tremor, rigidity, shuffling gait. These side-effects can be reduced by reducing the dose or changing the drug, or sometimes by treating with anticholinergic drugs such as procyclidine
- Tardive dyskinesia: involuntary facial movements such as tongue-flicking or chewing movements or rapid blinking. It is potentially irreversible. Gradual withdrawal of the

Box 2: Crucial issues

Successful medication management means the patient or carer must have access to information about the following:

side-effects of antipsychotics
- what are they?
- can they be managed/reduced?
- achieving the right balance between side-effects and benefits

other drugs used in mental illness
- patients may also be taking antidepressants and mood stabilisers such as lithium

keep taking the tablets: keeping well – compliance issues
- understanding labels/instructions
- when memory aids may help
- missed doses: what to do
- bioavailability eg with lithium – the need for consistency of brands

the problems with stopping medication suddenly
- relapse of condition
- physical discontinuation symptoms

crisis management
- doses may increase or new drugs may be introduced
- don't forget to discuss reducing after crisis passes

newer drugs, different presentations: what's best for each patient?
- newer drugs have fewer side-effects
- depot injections may improve compliance
- different preparations may suit different patients

interactions
- drugs
- alcohol
- food

For family carers:
- helping with compliance
- noticing changes (and letting someone know)
- providing encouragement in persevering

For befrienders and home carers
- noticing changes
- referring to the CMHT
- confidentiality issues?

antipsychotic drug is required if possible.

Sedative effects due to antihistamine activity can be minimised by taking the total daily dose at night.

Anticholinergic side-effects include blurred vision, dry mouth, constipation, urinary retention, nasal congestion.

Skin disorders such as rashes or photosensitivity may occur.

Hormonal problems include galactorrhoea (milk production), gynaecomastia (breast enlargement), menstrual disorders and weight gain.

Agranulocytosis (reduction of certain white blood cells) is an uncommon but serious side-effect. Patients on clozaril are closely monitored.

Other side effects include epileptic seizures, sexual dysfunction, jaundice and hypothermia or hyperthermia

Remember that people may differ in their tolerance of individual side-effects. What may seem intolerable to one patient may be bearable to another. This was brought home to me at an early user group session. I noticed that three people sitting near the front all had quite marked tardive dyskinesia. Another two were restless. I decided to ask them about side-effects and what concerned them. Overwhelmingly, the most serious side-effect, in their view was weight gain. The UKPPG patient information leaflets provide useful information on common and uncommon side-effects.

The need to achieve the right balance of symptom control with side-effects is important. Some patients would rather cope with a reduced dosage that left them feeling less sedated, even if complete elimination of some symptoms was not achieved. Freedom from some side-effects helps some patients to feel more in control of their symptoms and better able to cope. This obviously needs a careful approach – patients should be encouraged to discuss this with their CPNs or doctors.

Providing patients with information about side-effects and how to manage them should help to improve compliance. At an early user-group session, one patient told me that in the 15 years that he had been ill, no-one had given him the (uncomplicated) information that I'd just provided for him.

Other methods to improve compliance include giving supervised daily medication in the pharmacy. Arrangements for instalment dispensing exist in Scotland. Although similar arrangements don't exist yet in England and Wales, some pharmacies do provide medicines in this way.

Patients need uncomplicated information regarding their medication

Maintaining doses

While monotherapy and/or frequent medication review is advocated, the reality is that many mentally ill patients receive multiple therapies. Sometimes there may be no alternative, but occasionally it results from extra prescribing during acute phases of illness or crises. When the crisis passes, the extra medication is not reduced.

An extreme example of this occurred with a local patient with bipolar effective disorder (manic depression). Although he was currently prescribed both lithium and carbamazepine to stabilise his moods, over the years he had been prescribed an increasing dose of an antipsychotic during manic phases and an antidepressant during depressed phases, together with several hypnotics. When I talked to him at a user group session, he was taking 20 tablets each day. Following our session he discussed the medication with his CPN who in turn discussed the matter with the psychiatrist and the patient is now slowly being weaned off the antipsychotic drug.

Patient information

Family carers need the same information as patients, but need to be encouraged to notice and report adverse effects. Caring for someone with a mental illness places great demands on carers and they require a great deal of support. Their role in medication management is important through encouraging the patient to stay on the prescribed regime.

Providing information about medication issues through voluntary sector services is a useful way of improving medication management. In particular, providing basic training to volunteer befrienders can be very effective. Mentally ill patients often live in such isolation that the befriender may be the only person with whom they have regular contact. Befrienders may notice changes that are possibly related to medicines and these can be referred to relevant health professionals. Patients may tell their befrienders about relevant issues rather than 'bothering' professionals, and medication problems may come to light in this way.

Who to ask

Surveys have shown that mental health services users feel they do not receive enough information about their medication. Furthermore, they are more likely to ask a friend than a relevant professional about their medicine.

Community pharmacists must ensure they are available to provide information, or refer patients and carers to an alternative information source such as their CPN, their doctor or to a specialist pharmacist. The UK Psychiatric Pharmacy Group has recently set up a medication help line for the public, based at the Maudsley Hospital in London – for details see Resources Box below.

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RESOURCES

National support groups

National Schizophrenia Fellowship. Tel: 0181 547 3937

Mind. Tel: 0181 522 1728

Saneline (for people needing support) 0345 678000

UKPPG medicines helpline. Tel: 0171 919 2999 (11am-5pm on weekdays)

Continuing education courses include:

CPPE (and regional variants) distance learning course

CPPE (and regional variants) computer assisted learning courses (CALs) on psychosis and case studies in mental health

Postgraduate Certificate in psychiatric pharmacy, (distance learning) produced by the UK Psychiatric Pharmacy Group through De Montfort University (contact Dr David Branford 0116-2577275 (diploma and Msc courses are also available).

Literature

Generic patient information leaflets about antipsychotics and other medicines used in mental illness are available from the UK Psychiatric Pharmacists' Group. (Pads of 25 sheets cost £2.50 with discount on larger orders)

Medicines: your questions answered (£5) is a useful book on medicines used to treat mental illness. It may be used directly by patients but also provides an excellent resource for pharmacists wanting to run user group sessions.

(For both items above write to Stephen Bazire, Pharmacy, Hellesdon Hospital, Norwich NR6 5BE

A Carer's Guide to Schizophrenia published by the Royal Society of Medicine Press. Copies available from Lilly Industries.

At the third stroke ...

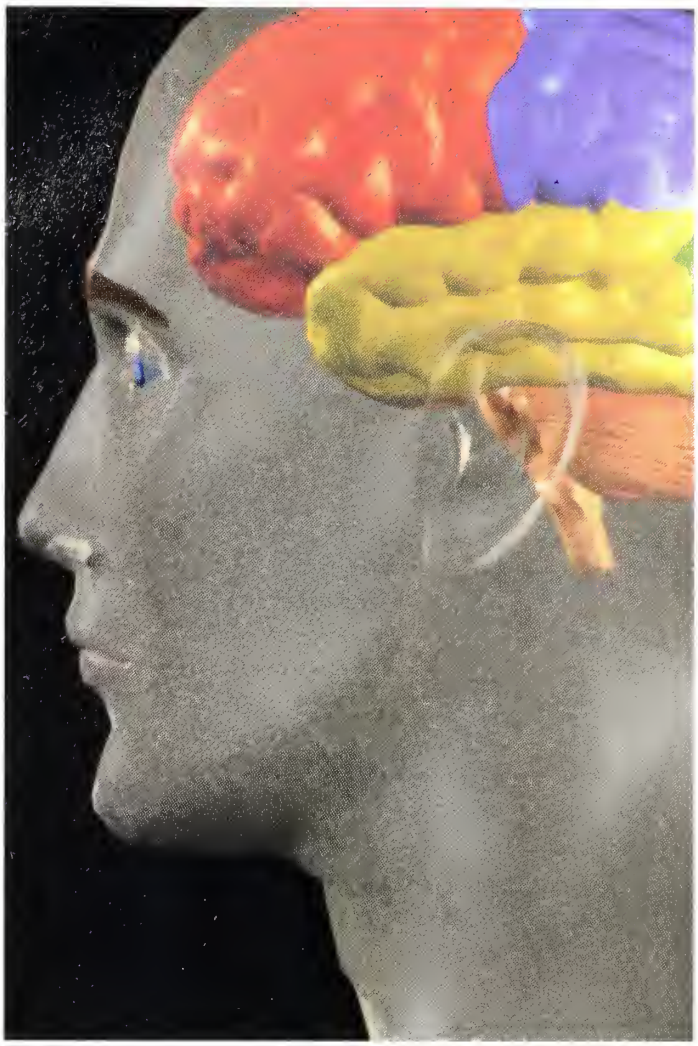
Adrienne de Mont reports on the three step approach to stroke research as outlined at her recent visit to Boehringer Ingelheim headquarters in Germany

Stroke research is promising major advances in the prevention and treatment of what is now the most common cause of adult disability.

One company with a substantial commitment in this area, Boehringer Ingelheim, is pursuing three approaches – prevention, acute treatment and protection of brain cells. Two antithrombotics are in clinical development for prevention. BIBU 104, soon to go into Phase III trials, is a fibrinogen receptor antagonist which blocks the final step of platelet aggregation. BIBV 308, in Phase II, inhibits thromboxane while stimulating local production of prostacyclin to prevent platelet aggregation at the site of the clot.

A combination of dipyridamole and aspirin (Asasantin) is awaiting approval in the UK, after the European Stroke Prevention Study 2 showed that a combination of the drugs was more effective in secondary stroke prevention than either agent taken alone.

The company is also hoping soon to receive approval for its recombinant tissue plasminogen activator (Actilyse) in the acute treatment of stroke. As in heart attack, the thrombolytic must be given quickly to dissolve the clot and restore the blood flow to deprived areas, so preventing further cell damage.



Stroke research is now looking into the protection of brain cells

But the drug can be given only if the stroke is due to occlusion of a cerebral artery and not, as in about 20 per cent of cases, the result of haemorrhage. The problem lies in knowing what type of stroke it is, which can be determined only by CT scan, and most hospitals in the UK are not geared up to providing this rapid diagnosis.

Boehringer Ingelheim is sponsoring an acute stroke intervention study (ASIST) to find out how many centres could cope, what the barriers are and how the service could be developed in a number of hospitals.

Says Dr Adrian Carter, department of CNS research in Germany: "We will need to carry out the same sort of education process as we did some years ago with heart attack. Paramedics and clinicians will have to be made aware of the need for speedy admission and diagnosis, so that treatment can start within six hours. Until now this wasn't worthwhile because the treatments weren't available, but with the introduction of thrombolytics for stroke this acute treatment will be possible."

A way to "buy time" while the diagnosis is being made would be to give neuroprotectants to prevent further loss of brain cells before the clot is cleared. These compounds protect neurones at risk from lack of oxygen which causes overstimulation and damaging electrical activity, partly through excessive production of the neurotransmitter glutamate.

Animal studies at Boehringer have shown encouraging results with cation channel blockers, AMPA antagonists and sodium channel blockers. None has yet been studied in humans, but other companies have neuroprotectants in clinical trial.

The compounds could be given on their own or with thrombolytics to improve neuronal survival during reperfusion.

Other innovations in the pipeline include:

- Nevirapine, a non-nucleoside anti-retroviral, expected soon to be approved for the treatment of AIDS and HIV. It would be used in triple therapy with, for example, ddi and zidovudine.
- Respimat is a propellant-free re-usable inhaler device, going into Phase III trials. It is operated mechanically, without batteries, and produces a slow, soft mist that is said to gain better access to the lungs.
- Atrovent nasal spray, currently under registration, will offer an alternative to decongestants in the common cold. Its anticholinergic activity reduces nasal secretion.

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 14 issue, which will cover this week's CPP-accredited modules, together with those in the February 21 issue.

The MCQ paper for the January modules will be enclosed in next week's *C&D* covering:

- Meningitis (1077)
- Dental care (1078)
- Benefits of exercise (1079).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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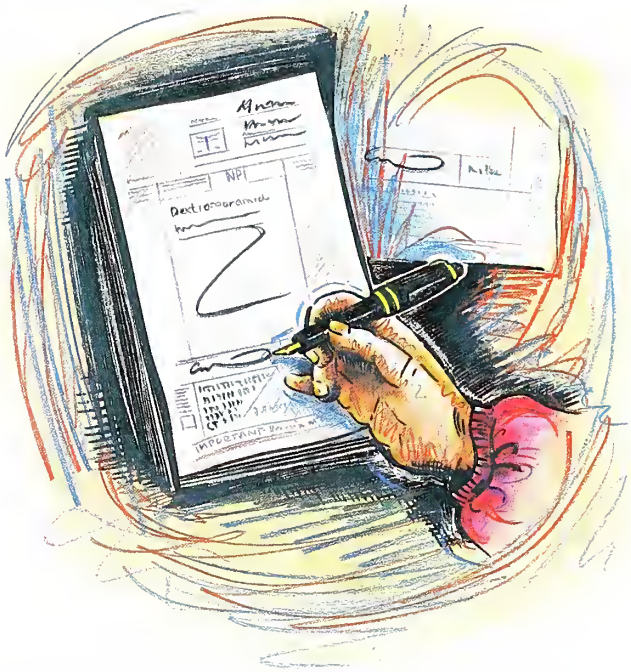
Peter Piper's pickle

Failing to check the authenticity of a prescription could cost you more than a few sleepless nights warns David Reissner, a partner at Charles Russell, Solicitors



The pharmacist must be satisfied that the signature is genuine

Peter Piper owns a city centre pharmacy. He got to know an old lady who used to come into his pharmacy regularly and, in time, he got to know the home help who used to come in for her. One day, the home help, Mrs Nimlot, asked Peter if he would dispense her husband's prescriptions if she brought them in. Her husband was suffering from a rare skin complaint. Peter agreed. The NHS prescriptions she brought in included dextromoramide, a Controlled Drug.

Get familiar

The supply of CDs on prescription is governed by the 'Misuse of Drugs Regulations 1985'. This states that if a pharmacist is not familiar with the signature of the prescriber on such a prescription, s/he must take reasonably sufficient steps to satisfy her/himself that the signature is genuine.

Medicines, Ethics and Practice, published by the Royal Pharmaceutical Society, advises taking steps which include:

- obtaining the prescriber's telephone number from a directory or directory enquiries
- calling the prescriber to check the prescription is genuine
- looking out for excessive quantities
- be alert to anything suspicious about the patient's behaviour or the prescription itself.

When Mrs Nimlot brought in the first prescription, Peter scrutinized it carefully to see that it was correctly written. He took into account that dextromoramide was not known as a drug of abuse (it is not specified as such in *Medicines, Ethics and Practice*). He considered the internal consistency of the items prescribed. The prescription was, in fact, genuine.

Same practice

Over the next two years, Peter continued to dispense prescriptions for Mr Nimlot which included the dextromoramide.

During that time:

- Mr Nimlot began to bring his prescriptions into the pharmacy
- Peter was able to observe at first hand the severity of Mr Nimlot's skin condition
- the intervals between prescriptions reduced and the quantity of dextromoramide increased, as Mr Nimlot was clearly building up a tolerance
- on four or five occasions, the prescriptions would be written by a different doctor, but the doctors were at the same practice
- Peter recalled telephoning the medical practice on certain occasions, if he had a query, but not specifically to check the genuineness of the signature of any prescriber. At this point, all the prescriptions were genuine.

Dependency

The prescriptions did not keep pace with Mr Nimlot's growing dependence.

When his GP discovered that Mr Nimlot had gone to another doctor for additional prescriptions, she had him removed from her list. That was when the forgeries started. The forgeries purported to be private prescriptions from the original GP. Since the main feature of her signature was a straight line, this was not difficult to forge. The printed details on the forged prescriptions were all correct and Mr Nimlot gave Peter a superficially persuasive explanation for the change from NHS to private prescriptions.

By this time Peter had been familiar with the GP's signature for some years.

The intervals between prescriptions reduced, but Peter was aware of Mr Nimlot's dependence, so there was nothing obviously unusual about this.

Altogether, Peter dispensed 152 forged prescriptions.

The 'Misuse of Drugs Regulations' state that if pharmacists are familiar with a prescriber's signature, they do not have to take reasonably sufficient steps to satisfy themselves that the signature is genuine. However, even if they are familiar with the prescriber's signature, they must not dispense a prescription for a CD if they have reason to suppose that the signature is not genuine. The forgeries eventually came to light. Peter was arrested. By this time, six years had passed since Peter had first dispensed genuine NHS prescriptions for dextromoramide for Mr Nimlot.

Bizarre

Peter was charged with a total of 12 offences of failing to comply with the 'Misuse of Drugs Regulations', which is a criminal offence under the 'Misuse of Drugs Act 1971'. Six of the charges alleged that whenever he saw a dextromoramide prescription from a new doctor, he had failed to take reasonably sufficient steps to satisfy himself that the signature on the prescription was genuine.

These charges had a bizarre ring to them because the prescriptions were, in fact, genuine. If Peter had telephoned the surgery on each occasion, he would have been told that the prescriptions were perfectly genuine and he would have dispensed them anyway. In relation to these charges, Peter's case was that it was unreasonable to expect him, to remember six years later whether or not he had telephoned any of the prescribers because he had a query at the time.

After so many years, none of the NHS prescriptions were available for examination. If they had been, who knows whether any of them would have been endorsed to show that the prescriber had been contacted. Even if he had not done so, he maintained he had taken other steps to satisfy himself that the genuine prescriptions were genuine.

No doubt if Peter had followed to the letter the guidance in *Medicines, Ethics and Practice*, he would not have been prosecuted. However, he took into account his knowledge of the product, the fact that it was not generally known for its liability to abuse, his knowledge of the patient and his condition, and the fact that the prescriptions were written correctly – not surprising, since they were all genuine.

The other six charges alleged that Peter had reason to suppose that the signature on the forged prescriptions was not genuine. The Prosecution relied on the number of prescriptions, which were at times presented in a short period. Again, Peter relied on:

- the way in which the prescriptions were correctly written
- the fact that the prescriber's details were correct
- the signature was not obviously distinguishable from the genuine prescriptions
- he was not dealing with a commonly abused drug.

Although a series of four prescriptions had been presented in the space of ten days, Peter's CD register showed that he had previously been presented with and dispensed four genuine prescriptions for dextromoramide within a similar period of time. At the end of a three-day trial, a jury acquitted Peter on all 12 charges.

With hindsight, Peter recognises that it would have been better to follow the Society's guidance on each occasion, he was presented with a CD prescription from a doctor with whose signature he was not familiar. The case cost him sleepless nights, with the uncertainty of not knowing how his case would end.

Whether he should have been prosecuted at all in relation to genuine prescriptions he had dispensed so many years before is another matter. Before retiring to deliberate, the jury had been asked to approach the matter using common sense, and the verdicts appear to reflect this.

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Two years after quitting the overcrowded south-east of England for the north-west of Scotland, pharmacist Malcolm Gardiner is enjoying life in the slow lane

Life in the slow lane

The only common denominators in what has been a radical change of lifestyle is that the town in which his former business was based – Birchington near Margate – and the town in which his new business is located – the Kyle of Lochalsh, near the Isle of Skye – are seaside towns, both pharmacies are around 2,000 sq ft and both employ ten staff.

In other respects they are dramatically different. Birchington had a relatively affluent, predominately elderly population of 15,000, a rival pharmacy in the same street, and a five strong GP practice. Its NHS/OTC split was 50/50.

Kyle has an immediate and evenly mixed population of 1,100, no other pharmacy within 36 miles, a three-strong GP practice, and summer trade which accounts for 30 per cent of turnover. Its NHS/OTC split is 30/70.

North of the border, the pace of life may be more measured, but Malcolm shows no sign of lagging in business terms. Turnover at the new shop grew by 17 per cent from £62,000 in 1995/96 to £75,000 in this financial year.

He may have only one pharmacy now, but he is putting as much effort into it as the nine he used to run, and while the methods he has used have sometimes proved controversial, the results are plain to see.

A graduate of London University in 1971, Malcolm completed his pre-reg year in the two pharmacies his father owned in south-east London, progressing a year later to buying his own pharmacy in Aylesham, Kent, in partnership with a friend from university.

Within another year he had bought another pharmacy, this time in Orpington, with another university friend. And by the mid-80s he owned, or partly owned, nine pharmacies in Kent and south-east London.

"It was at this stage, when I had been in business for about ten years, that we decided we had to go one of two ways – either expand and compete with the likes of Lloyds, or 'downshift'," he says. "The decision was to stop expanding. I had a family of six children but was too busy to spend time with them. Also, south-east London was becoming an unpleasant environment."

Over the following ten years, Malcolm and his partners consolidated their businesses, selling off the smaller pharmacies and the two he had inherited from his father, and buying bigger concerns in Kent until they had a roll call of eight medium to large-sized businesses. Six of these were the only pharmacies in their communities.

Then, in the late 80s, the decision was made to sell up so the various partners could pursue their own interests. In the early 90s, as the businesses were sold off, Malcolm locumed for three to four days a week in many different sectors of pharmacy, from prisons to supermarkets, to gain as much experience as possible.

At the same time, he registered with a pharmacy transfer agent in Glasgow with the intention of finding a business in northern Scotland, where the family had had a holiday bungalow since 1988. An important criteria was that the business should have the potential for his wife Maryon to build a book and gift business alongside the pharmacy, much as she had done in their pharmacy in Headcorn.

"I was staying in our holiday home in 1995, when I got a call about this pharmacy in the Kyle of Lochalsh, so I came and had a look. My immediate impression was that it was unusual to find such a large pharmacy in such a small place. I wondered how it managed to survive," Malcolm recalls.

"It transpired that the local surgery covered a 35 mile radius, so as well as the immediate population of 1,100, there were also more than 6,000 people living in the remote area between here and Inverness to service. Added to the tourist trade, I saw potential."

Malcolm, now 47, moved to Kyle and opened for business in November 1995, two weeks after the Skye Bridge opened just a mile down the road. While for some, such as hotels, the Skye Bridge has been a curse, for the Kyle Pharmacy is has proved a blessing.

"We have only seen growth in trade since the bridge opened. Kyle is a better place to shop for it being there. Before, the queues for the car ferry used to stretch right past the pharmacy and deterred local people from coming in.

"You do have some traffic driving straight through, whereas before it would have stopped. People used to come for one or two weeks, but they can now do Skye in a day, so you get a lot more day-trippers which is good for us but not for the hotel industry."

However, the pharmacy does feel a relative pinch in the winter. "Between November and February takings are 40 per cent of what they are in July and August, so you have to capitalise on the summer months. The local population gives you the bread and butter and are very supportive. People will travel 30 miles to their local pharmacy.

"But it's making the most of the tourists and ensuring you have in stock the high-margin products they like, such as books, that is the icing on the cake. The pharmacy would still be viable without them, but it would be far less attractive," he says.

"In the winter we open at 9am, but we often don't see anyone much until 11am. In Kent, 9am was very busy with mothers on their way back from taking their children to school."

While the Skye Bridge may have changed the face of Kyle, Malcolm has not changed the face of the Kyle Pharmacy, except for modernising some of the fixtures, creating more shelf-space, and remerchandising.

The previous owner, a Mr Webster, had owned the business for 35 years and during that time quadrupled its size. He had dealt with Unichem, but Malcolm is a die-hard AAH customer, and has been a Vantage member for ten years.

As well as introducing the Vantage own-label range to the pharmacy, he has installed a mini-lab offering a one-hour developing and printing service. Other new or expanding areas are pet care and home-brew, watch batteries, gifts and books for tourists, and AAH's Home Health range of living aids, and incontinence products.

One innovation which has not met with much enthusiasm is an electronic tagging system, intro-

duced at Easter. "We are probably more aware of security problems than other local businesses, which is why we put the system in. It isn't a reflection on the honesty of local people, but some of them have been offended," says Malcolm.

The Gardiner family has integrated into the local community, although the younger members are still coming to terms with the 'culture shock'. Malcolm and his two middle children had been there for two years, but it was not until August 1996, when their home in Kent and other businesses were finally sold, that they were joined by the rest of the family.

During the time apart, Malcolm and the two middle children lived in the three-bedroomed flat above the pharmacy which is now let as self-catering holiday accommodation. A new house, two miles from Kyle and overlooking the Isles of Raasay and Skye, was finished in February. He and his wife have few regrets about the move.

"I am in a good position for a business that depends less than 30 per cent on the NHS. I sympathise with pharmacists who are clinically minded but who struggle to realise that their businesses will only succeed through good buying practices and concentration on the front shop," he comments.

"That was one thing that shocked me when I was locuming – the lack of business acumen and the poor buying of many independent pharmacists as well as groups. I wasn't surprised at their poor profit margins. I am not criticising their professionalism, but they were just wasting money through poor buying and poor stock control.

"I personally will not get involved with any further professional initiatives unless they are funded appropriately. For instance, I don't see any continuing education scheme being a realistic option for independent pharmacy unless funds are made available for locum cover."

It's a fallacy that the north of Scotland is a cold place. The north-west is warmer in the winter than the south-east of England because of the Gulf Stream, but it is also wetter and windier, and Kyle can get cut off in the winter when snow makes more inland roads impassable.

Supplying the pharmacy is a logistical challenge for AAH Pharmaceuticals. One of the main reasons Malcolm used AAH in Kent was he felt the company offered the best delivery service. "Now what we order up to 3.30pm is with us at 7am the following morning. I am amazed we get such good deliveries," he says.

Orders are placed with AAH's Glasgow depot, more than three hours drive away, then delivered by Securicor trunker to Inverness by 3.30am. Ninety minutes later, a local delivery firm collects them and delivers to a lock-up in Kyle for 7am. "Being a large OTC business, there can be anything up to 60 cases of goods in the summer.

"We do a lot of postal business for people who live many miles away, and that is totally new to me. Their only access to many of the goods we sell is via the telephone, and we probably send out up to ten parcels a day, to places like the Isle of Eigg. We also deliver goods, but it is an informal arrangement.

> One of the difficulties in being so remote is keeping up to date with new products

"One of the difficulties in being so remote is that it's difficult to keep up to date with new products because we see very few reps. I used to consider this a blessing, but I have realised that they do have their uses in keeping you informed. One or two do call, like Elida Fabergé every two months, but it's nothing like what you see in the south."

Malcolm now plans to consolidate the business. "There are still areas in which we can improve, for instance, increase the OTC trade. Maryon's expertise in sourcing and retailing books and gifts is invaluable in this respect. We don't know it all yet but it's important that we get it right because I don't envisage purchasing another pharmacy after this."

Malcolm says he is glad to be out of Kent. "Customers here are so much more laid back, not nearly so demanding. It's not a community in a hurry. Foreign tourists in the summer are much more time-consuming and difficult. How on earth does someone who can't speak English ask about haemorrhoids, and how do we advise them? It can be a nightmare."

He still has problems pronouncing some of the Gaelic house names and complains far too many people have the same surname. "Fifteen per cent of the patients on our computer file have the same surname!"

There are some areas where he will always be at odds with local opinion. "I am probably the only person in the area who welcomes the midge season and that's because between June and September, we sell up to 50 tubes of Anthisan a day."

Management finesse

_C&D_ is running a series of features to help you develop and hone your business skills. In the first of these, Dr R L Pocock, chief executive of MEL Research, reports on the art and science of management

Good management can help you decide which task to tackle next

Why should pharmacists want to learn more about managing and management? Isn't it enough to be ever more pushed for time, pressed for cash, and pilloried in the press?

Here is a list of symptoms to check if it's worth reading on. Do any of these apply to you?

- not enough hours in the day
- overwhelmed with paperwork
- it feels like you're swimming in treacle. Running to stand still
- your workload is rising yet your resources are dwindling
- you have trouble delegating anything to anyone who can be counted on to do it reliably
- you don't know which task to tackle next
- you're finding it harder to make any reasonable money
- work pressures are hitting at your family and personal life
- you're unsure why you got into this mess and how you can get out
- you are handling all this on your own without anyone there to help or confide in.

Many of us who work in 'professional business' recognise these symptoms. Lots of us could score 10 out of 10. And this is why we need to be better at managing and management. It makes our lives easier and helps us get where we want to go quicker and more effectively, with less wasted energy and effort.

Over this series of articles, we are going to look at a package of management skills and techniques, which should help you overcome those typical symptoms and establish a more satisfying and effective career.

People define management in different ways, but a good summary is: 'management is the art and science of achieving goals through people.'

Like all definitions, there's a lot behind these few words. Firstly, management is both an art and a science. Academic management training (the infamous MBA for example) focuses on the science, which basically says there are established rules or laws that explain how organisations can be made to work more effectively. However, it's not enough to know the rules. Take the arts – critics may know all the theory, but it's only the actors, artists or musicians who create the art. Management ability is primarily learned on the job. You cannot learn to be a good manager by studying management, only by practising it.

If it's any comfort, this means that community pharmacists are precisely at the stage in life when it makes sense to learn about managing and management. By all means start to teach theory in the undergraduate curriculum and pre-reg year, but don't imagine that this will qualify anyone to manage until they can 'practice using it by using it in practice'. Even taking a year out to study is less effective than developing management skills while you're currently running the business.

Secondly, our definition is about knowledge and skills that help you to achieve goals. They help you get where you want to go, but by the same token, to be an effective manager you have to know where you're trying to go. You can see management as a set of tools and techniques, which help you to achieve an intended outcome. Yet often in our practices we are so consumed in the rough and tumble of everyday tasks that we lose sight of where it's all going.

As for achieving goals through people, this is a skill many pharmacists lack. There is virtually nothing in the standard curriculum, throughout school, university or postgraduate study, that tells you how to unlock the mystery of dealing with people. On the contrary, our training in the natural sciences focuses our thinking on the biochemistry of people, not on people as social beings, which is how we encounter them in our management role.

And yet virtually everything community pharmacists do relies on them trying to get other people to do the things they, as managers, want them to do. Maybe we're not getting the best out of locums. And how are we motivating the counter staff when we can scarcely afford to pay them a living wage?

Good management is fundamentally about good people management.

Effective handling of people is not just about getting the counter staff and locums to behave properly in the store. It's also crucial to your dealings with the local GPs, other pharmacists, reps, health authority, bank manager – and above all else, your patients and customers. Management is fundamentally a human business and the flesh and blood aspect often stops professionals putting their otherwise good ideas into action. Comfortingly, however, there is also an art and a science to the people aspects of management. An art and craft that can be developed – and a set of simple guiding principles that can be followed, as this series will show.

Is management the same as leadership? Are good managers good leaders? Can you be both? Do you need to be both?

These questions need to be sorted out. Leadership is the capacity to set a vision and to inspire the enthusiasm and willingness of people and organisations that will take them from their current position towards a better future goal. Leaders inspire change, managers have the job of making this happen, of delivering on the ground. Often in small businesses we are called upon to be both leaders and managers. The important thing is to work out what makes good leadership and good management, then apply the appropriate tools and techniques to the job, whether it be a leadership or management task.

The concept of management needs to be broken into its different aspects. There are many versions. Probably the most popular has been developed by management author John Adair, in his excellent paperback *Effective Teambuilding*, he splits management into three core aspects:

- managing tasks – planning, efficiency, effectiveness and knowing the difference between them
- managing, building and maintaining teams
- managing and developing individuals.

This is a useful framework to have in mind in everyday professional work – to break down seemingly complex management problems into more easily handled chunks. Think about any management problem you have in front of you. Tackling that problem almost always involves some combination of task, team and individual. The art, science and practical skills for handling tasks, team and individual lie at the heart of good management practice, and these will be expanded on in the series of articles.

MEL Research is a research consultancy that has been analysing community pharmacies for more than ten years. Dr Pocock would like to thank Mark Brennan MRPharmS, a practising community pharmacist, for his valuable observations on this article.

Glaxo and SB in £100bn merger talks

Glaxo Wellcome and Smithkline Beecham are finalising merger talks to forge a $100bn company – the world's largest drug firm. Its combined turnover will top $22bn ($13.4bn).

SB has dropped plans to merge with American Home Products (AHP) (*C&D*, January 24, p24).

GW shareholders will hold 59.5 per cent of the merged company's equity, while SB will have the remainder.

One GW source says the combined group is likely to be called GlaxoSmithkline. Its board of directors will consist of executives drawn from both companies. Sir Richard Sykes, GW's chairman, will be executive chairman; Jan Leschly, SB's chief executive, will be chief executive and chairman of the executive management committee. Other board members will be John Coombe, GW's finance director, Dr Jean-Pierre Garnier, SB's chief operating officer and Robert Ingram, GW's chief executive.

Both companies' share prices soared on Monday morning as investors scrambled to buy their stock. By 10.15am, GW's share price had leapt over 24 per cent to 2,045p, while SB's price was up 18.5 per cent to 925p. As *C&D* went to press, GW's price had settled at 1,983p, while SB's price was 845p.

Sir Richard Sykes, GW/SB's executive chairman

Neither company will predict when the merger details will be ironed out, but the conclusion is expected to take weeks rather than days. Speculation suggests GW will be looking to resolve the matter by February 19, when it announces its results for the year to December. SB's results are due on February 17.

GW and SB caught the business world by surprise when they revealed that they were having "detailed discussions" on January 30.

Both companies are tight-lipped about when their talks began and who initiated them, but speculation suggests SB was negotiating with GW and American Home Products at the same time.

Just over a week into SB's discussions with AHP, according to speculation, Sir Richard contacted Mr Leschly to suggest the merger. On January 29, SB's board met in the US to approve the merger – GW's board agreed the following day.

SB's enthusiasm for AHP is believed to have waned, partly because the US company faces lawsuits that allege its Pondimin and Redux anti-obesity drugs have damaged patients' heart valves.

GW says research and development factors have played a critical part in the proposed merger. "Research costs are very expensive. For one drug, you're looking to spend between $200m and $250m to develop and it could take 10-12 years. It's a very high risk business. But that's where the future of the industry lies – in genetic research, which is extremely expensive, and in developing innovative drugs that are at the cutting edge of technology," it says.

The merged company would spend more than $2bn a year on R&D – $1.2bn from GW and $800m from SB – based on their previous R&D investment.

Datamonitor, the market researcher, backs GW's logic. It says the drug industry's average R&D expenditure, as a percentage of sales, has risen from 12 per cent in the early 1980s to nearly 20 per cent. This has affected the industry's profitability and reduced the length of patent protection on new drugs.

Jan Leschly, chief executive of the new merger

Drug companies, it adds, can earn a lot more by making their R&D arms more efficient. "A reduction of only 5 per cent in the development time of a $1bn bestseller can result in a revenue increase of over $750 million," it says.

Analysts agree the companies' drugs are largely complementary – GW is particularly strong in treatments for ulcers, asthma and migraine, while SB's strengths lie in antibiotics, vaccines and consumer healthcare.

While the merged company will undoubtedly seek to cut costs, GW and SB say it is too early to talk about redundancies. GW has 54,900 staff worldwide, while SB has about 57,000.

But redundancies look likely. About 8,000 employees lost their jobs, for example, when Glaxo merged with Wellcome.

The companies' headquarters clearly overlap – GW UK's head office is in Greenford (its global HQ is in London), while SB operates out of Brentford, and is set to expand its HQ by leasing a 540,000 sq ft site at Stockley Park, near Heathrow airport.

The company's sales and marketing teams, based at their headquarters, could also be trimmed.

The Manufacturing, Science and Finance Union, which represents a total of 2,000 workers from GW and SB, reckons that up to 5,000 UK employees could be made redundant. "We're alarmed [about the merger]. Both companies are looking to save about $1.5bn and their biggest fixed costs are staff costs," it says.

The MSF has written to both companies to meet their chief executives but, as *C&D* went to press, it had not yet received a reply.

On the UK wholesale side, GW could roll out its agency scheme to take in SB's drugs. Having spent a lot of time and money on the scheme, GW could persuade SB that it makes financial and administrative sense to do so.

● GW has acquired an 80 per cent stake in Polfa Poznan (PP), Poland's second largest drug company, for $220 million. The remaining stock will be owned by Polfa's employees and the country's Treasury. PP reported a profit of Zloty112 million ($28 million) on a turnover of Zloty275 million for the year to December 1996.

Top 10 global drug companies – 1996 sales ($bn)

Company	Country	Turnover
Glaxo/Smithkline	UK	19.74
Merck	US	13.30
Novartis	Switzerland	9.86
Bristol Myers Squibb	US	8.70
Hoechst Marion Roussel	Germany	8.37
Pfizer	US	8.19
American Home Products	US	7.46
Johnson & Johnson	US	7.19
Roche	Switzerland	6.69
Eli Lilly	US	6.43

Source: FT

PATA annual meeting

The Proprietary Articles Trade Association will hold its 102nd annual meeting at 2pm on March 18, at the Marlborough Hotel (Carrington Suite), Bloomsbury Street, London WC1. The meeting is open to PATA's members.

Drug shares enjoy bonanza

Major pharmaceutical shares soared as investors speculated whether drug companies would seek further mergers in the light of Glaxo Wellcome/Smithkline Beecham's talks. In the UK, Zeneca, which has often been considered ripe for a takeover/merger, saw its price rise 235p to 2,685p. Hoechst's share price rose DM5.25 to DM69.35, Bayer's price was up DM4.26 to DM73 and that of Schering climbed DM13.60 to DM202.76. Novartis' price rose Sfr61 to Sfr2591.

Interphex 98

Interphex 98, the processing and packaging exhibition for the drug and cosmetic industries, will be held at the NEC Birmingham, Hall 19, November 10-12.

Schwarz phone cards

Schwarz Pharma has commissioned phone card producer TCS Consumer Services to develop cards bearing images of Tylex, Schwarz's pain killer, and Elantan, which treats angina. Each card gives 10 minutes of calls.

Pharmacist launches contact lens cleaner

A qualified pharmacist has developed and launched a contact lens cleaning system – Micro Clens – that uses microwave oven radiation to disinfect the lenses.

Pamela Thompson studied at the Liverpool School of Pharmacy and was chief pharmacist at Liverpool's St Paul's Eye Hospital.

Micro Clens, she says, has already obtained listings in several hundred opticians. She now wants to introduce the product in pharmacies, where 30-40 per cent of contact lens solutions are sold.

The product, which has been cleared by the relevant regulatory authorities, consists of a plastic unit and a lens case costing £6.99, and a solution, retailing at £7.20 for a month's supply (£18.99 for three months). The customer places the lens in the case, along with some solution, and inserts the case in the unit, with more solution. The unit is then heated in the microwave for one to two minutes at 'medium high' power.

Ms Thompson says Micro Clens is the first contact lens cleaning system that allows customers to kill 100 per cent of all vegetative organisms – a major source of eye infections.

The microwave radiation, she adds, also disinfects the storage case – normally a major carrier of infection for contact lenses.

"It's convenient and gives you confidence – the last thing people want to do at the end of the day is to fiddle about with their contact lenses," she says.

Ms Thompson set up a company, Oculi, in 1995 to market the product. Based in Mansfield, Nottinghamshire, it has eight employees and has received £350,000 from venture capitalist 3I.

For more details, telephone Oculi on: 01623 424808.

ADVANCE INFORMATION

The Scottish Pharmacists' Conference, Stakis Dunblane Hotel, Perthshire, **March 7-8**. Contact Dr L Howden on: 0131 556 4386.

IIR is organising: 'Achieving successful generic product registration under the new system in Europe' on **April 1-2**, Berkeley Hotel, London. Contact: 0171 915 5055, quoting Q0810 or Q0810W.

'Medtrade Europe', by Semco Products, Luxembourg, **April 1-3**. David Russell: 01536 710050.

The British Pharmaceutical Students' Association's 56th BPSA Annual conference, **April 2-9**, Cardiff. For details call 01222 667334 or 01222 220662.

COMING EVENTS

MONDAY, FEBRUARY 9

N Metropol. Branch, RPSGB
The School of Pharmacy, Brunswick Square, WC1, at 6.30pm. 'A chance to DNA your onions' with Hayley Wickens.

Northumberland Branch, RPSGB
Joint meeting with Guild of Hospital Pharmacists, School of Pharmacy, Brunswick Square, WC1, 8pm. 'Implications of patients' transfer', by Catherine Duggan.

TUESDAY, FEBRUARY 10

Southampton Branch, RPSGB
Southampton Postgrad Medical Centre, Southampton, 8pm. 'The impact of Chinese Medicine in the Western World',Dr G Lewith.

Oxfordshire Branch, RPSGB
Postgrad Medical Centre, John Radcliffe Hospital, 8pm. 'Continuing Professional Development – Pain or Pleasure?', Dr Peter Wilson.

N Scottish Branch, RPSGB
Joint meeting with SCPPE at the Golf View Hotel, Nairn, 8pm. 'Repeat Prescribing and Medicines Management', Clare Mackie.

WEDNESDAY, FEBRUARY 11

Slough Branch, RPSGB
Joint meeting with the Reading Branch at Boehringer Ingelheim, Bracknell. 'Medical Emergencies', by Dr S Vaughan-Smith.

Bradford Branch, RPSGB
Richmond Building, Bradford University, 7.30pm. 'Young Pharmacists' Group and Community Pharmacists Group', by Nicola Gray.

THURSDAY, FEBRUARY 12

Lanarkshire Branch, RPSGB
Joint meeting with **Glasgow Branch, RPSGB**, University of Strathclyde. 'The Todd Lecture', by Professor David Lawson.

Eastbourne Branch, RPSGB
Visit to the School of Physiotherapy (Brighton University) in Eastbourne, 8pm.

Wirral Branch, RPSGB
Wirral Postgrad Medical Centre, Clattersbridge Hospital, 8.15pm. 'Recent Advances In Parkinson's Disease', by Dr Turnbull.

S Staffs Branch, RPSGB
The Swan, Lichfield, 8pm. 'Advances in Wound Dressings', by Ms M Poole.

APS restructures Eastbourne site

APS/Berk has decided to restructure its Eastbourne production and packaging facilities and source its products from Debrecen, Hungary.

Following a strategic review of its business, the company, will use the Hungarian facilities of its Israeli parent Teva. APS says the switch will begin in April and will take about 18 months.

Teva's Debrecen site will have little problem coping with the extra production – the huge complex has more than 100 buildings.

APS's move is not a surprise – it hinted late last year that its production could be sourced outside the European Union (*Chemist & Druggist*, November 29, p28). East European employees earn far less than those in the UK, which is a considerable attraction for companies looking to cut costs.

David Cockayne, APS' technical and business development director, says the company should receive its first batch of Debrecen-sourced products this year.

About 120 APS employees will be made redundant during the transfer period.

Some equipment from APS's 90,000 sq ft plant could be transferred to Debrecen, while other parts could be sent to different Teva plants.

Teva, meanwhile, is investing £1.7 million to develop APS' packaging facilities. About 90 APS jobs will be retained to operate the new equipment and the company's quality assurance laboratories.

Andrew Kay, APS/Berk's managing director, says: "We regret the loss of jobs and wish to give our employees as much advance notice and help as possible, in the light of these changes. To remain competitive in the UK generic pharmaceutical business, it is essential to source products from a high quality, low cost manufacturing base.

Money saved by the restructuring, he adds, will be used to develop Eastbourne's drug packaging facilities.

Asda's Valentine's day perfume price war

Asda is offering 20 major fragrance and skin care brands, at discounts of 50-75 per cent, in the run up to Valentine's Day.

The company has bought stock worth £3 million in the grey market and intends to buy more in future. Leading fragrance manufacturers refused to supply it directly.

Brands on offer include: Nina Ricci's L'Air du Temps, 25ml spray, which is being sold in Asda stores at £9.95, compared with the recommended retail price of £25; Yves St Laurent's Opium (100ml spray), priced £30 compared with an rrp of £60, and YSL's Champagne (20ml eau du toilette), £13 instead of £26; Guerlain's Un Air du Samsara (50ml), £19.75 compared with £39.50 (rrp) and Paco Rabanne (100ml aftershave) £12 compared with £24.

Asda says the move is part of its ongoing strategy to offer its customers value for money – it has been selling cut-price perfumes for about four years. "People retailing these brands [at manufacturers' recommended prices] make huge profits, which we think is unfair," it says.

It admits it did not warn the manufacturers concerned about the current batch of brands. "In the past, we've contacted manufacturers to tell them what we're doing. Their response has always been negative," it says.

Manufacturers *C&D* contacted refused to comment on the move.

Goodwill and Divestments put Rhône-Poulenc Ffr4.99bn in red

A one-off charge of Ffr9.7 billion dragged Rhône-Poulenc Ffr4.99bn into the red last year.

Most of the expense stemmed from an accelerated amortisation of goodwill and divestments. RP expects to pay another Ffr2bn this year as it seeks to improve the performance of its pharmaceutical division, and invests in Rhodia, its chemicals, fibres and polymers businesses.

RP aims to float Rhodia this year and, by selling more assets, hopes to make Ffr13bn in cash.

The group's drug sales rose 10.8 per cent to Ffr33.30bn, although its earnings from operations fell 7.9 per cent to Ffr5.26 bn. This reflected the problems of Centeon, a subsidiary whose sales suffered when a couple of its blood products were linked to contamination scares in 1996.

RP's Life Sciences business has also been affected by falling sales of asthma products in the US and weak demand in France.

Its new, products, however, performed well. Sales of Clexane/Lovenox, a treatment for deep vein thrombosis, rose 15 per cent to Ffr2.7bn. Sales of Taxotere, the anti cancer agent, leapt 184 per cent to Ffr1.4bn.

Rilutek, a treatment for amyotrophic lateral sclerosis, grew 104 per cent to Ffr321 million.

The group's plant and animal health division had sales up 12.8 per cent to Ffr19.54bn. Figures exclude the effects of currency.

Classified

APPOINTMENTS

ethical generics

Product Manager

Attractive Salary and Benefits Package, Newbury, Berkshire

Ethical Generics Ltd is a pharmaceutical company with an expanding portfolio of quality generic medicines. It is the U.K. business of an exciting multinational generics joint venture between Bayer and Schein Pharmaceuticals (US).

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Applicants should possess a relevant degree or equivalent qualification and have at least 2 to 3 years OTC or generics experience. In addition, applicants will need to be able to demonstrate excellent analytical skills, strong presentation skills, influencing skills. You should also be able to demonstrate an ability to develop, critically evaluate and constructively challenge marketing strategy.

Applicants must be able to foster productive and supportive working relationships whilst working on their own initiative.

Your contribution will be rewarded with an attractive rewards and benefits package.

To apply, please write with your full curriculum vitae to:

Mr Colin Darroch, General Manager, Ethical Generics Ltd, West Point, 46-48 West Street, Newbury, Berks RG14 1BD.

Tel: 01635 568400 Fax: 01635 568401

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Trainees will be required to own their own cars, mileage and insurance reimbursed. Long journeys, company transport will be provided.

Applicants must have some knowledge of stocktaking and be keen to learn quickly.

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Applications in writing with phone contacts to:

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Martin Atkinson MRPharmS, Sway Pharmacy, Station Road, Sway, Hampshire SO41 6BA.

For further details:

Tel: 01590 682225

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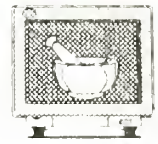

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EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.

ABOUTpeople

Serving up a centenary in Carmarthen

Pharmacist proprietor Iestyn Evans and staff at D K Morgan Chemist in Carmarthen have had a commemorative plate made to celebrate the business's centenary.

The plate, which bears the logo, 'D King Morgan 1898-1998 – Caring for Carmarthen for 100 years', will be displayed in the pharmacy's window.

The pharmacy still has its original mahogany and glass fittings – much to the annoyance of the local Royal Pharmaceutical Society inspector who would prefer to see formica and stainless steel, says Mr Evans.

"The attention from the local press has been a boon and a lot of people have popped in to see if anything has changed. They're almost disappointed when they see nothing has – the technology is hidden away – because it means they can't complain," he says.

Pharmacist Iestyn Evans with his baby boy, Jac, and a plate commemorating his business's centenary

Iestyn, whose grandfather used to be a pharmacist in a neighbouring town, took over the business four years ago and continues to make nostrums such as Broneel expectorant and Merlin's cream for nappy rash.

"Broneel is still a best seller because my customers know that their parents and grandparents used to take it. Merlin's cream is also very popular – a doctor in Hong Kong orders 50 pots every six months and some locals who emigrated to Australia sent me an order when their baby came along. I was happy to oblige."

APPOINTMENTS

The Pharmacy Computer Suppliers' Association has elected **Simon Driver** [deputy md, JRC] as its chairman. It re-elected **Julie Hales** [Hadley Hutt] as secretary and **Bill Jamieson** [AAH] as treasurer.

Linda Collins has taken over as Centre for Pharmacy Postgraduate Education tutor for Oxfordshire following the promotion of **Caryl Kelly**.

AAH Pharmaceuticals has promoted **Andrew Morris** to Vantage inventory manager, responsible for the CM2plus front-shop programme.

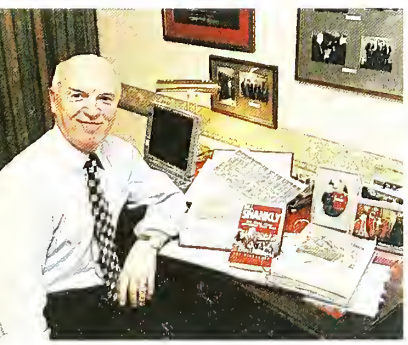
Lifeplan has appointed **Anthony Smith** as its general sales manager and **Graham Board** as its South West sales manager.

Dr Gro Brundtland has been nominated as the World Health Organisation's next director general.

Soccer philosophy brings wholesale success

Since his appointment as Wardles' general sales manager last July, George Scott has been applying a management technique learnt from Liverpool FC's legendary manager Bill Shankly.

"Bill Shankly taught me to do the simple things well. To have high standards and to be honest, enthusiastic, totally committed and never to give up. He always said that the team which makes the fewest mistakes wins the game," says George.



An ex-Liverpool player, George was signed by Mr Shankly as a 15-year-old in 1960. In his five years with the club, he scored 28 goals in 130 reserve team appearances.

When transferring Scott to Aberdeen in 1965, Mr Shankly told him he should always remember that he was the 12th best player in the world, saying: "There's the Liverpool first team and then you, son, because you are the leading scorer in the reserves at the greatest club in the world."

Murderer escapes for want of some Tixylix

A 31-year-old Canadian accused of murder reportedly escaped a guilty verdict last year because the foreman of the jury refused to take some Tixylix before pronouncing the decision.

The foreman fluffed his lines because of a cough. Shortly before he was called to speak, he refused the offer of some Tixylix from a fellow juror. After he had said: "We find the accused...", he cleared his throat of phlegm before continuing, "guilty as charged".

Unfortunately, the judge and other officials including the attorney, defence lawyer, court registrar and stenographer, thought they had heard the word 'not'.

The prosecution lawyer was so astonished by the verdict that he asked that the jurors be summoned back for questioning, and so the error emerged.

By the time the judge discovered that the cough was not a 'not', it was too late – the defendant had already been released.

The prosecution lawyer said: "An extremely dangerous man is now at large in the state of Ontario. If only the foreman had taken the Tixylix, this would never have happened."

The report, which was originally published in the *Saint John Telegraph Journal* last September was featured in *Private Eye's* 'Funny Old World' column last month.

It's only natural for stars to visit Weleda

A trip down memory lane took 'Coronation Street' star Ken Barlow to Weleda's headquarters in Ilkeston, last month.

Actor William Roache visited the natural medicine manufacturer as part of a new television documentary called 'Now & Then', presented by Jim Bowen (of 'Bullseye' fame).

The new seven-programme series by Central, which will be shown on Sundays at 5.30pm from July 19, profiles the childhoods of celebrities who grew up in the Midlands. Mr Roache, whose father and grandfather were local GPs, used to live next door to Weleda's offices.

Seeing Weleda's herb garden, he said: "The old weeping ash brings back many fond childhood memories. There is a feeling of turning full circle because my father and grandfather were both medical and this place will again be associated with healthcare."

Mr Roache also toured the manufacturing site which was his school in the 1940s. The Rudolf Steiner school was built on land donated by Mr Roache's grandfather who sympathised with Steiner's approach to education as well as to medicine.

Weleda's marketing director Roger Barsby (left), actor William Roache (centre) and presenter Jim Bowen at Weleda's Ilkeston headquarters

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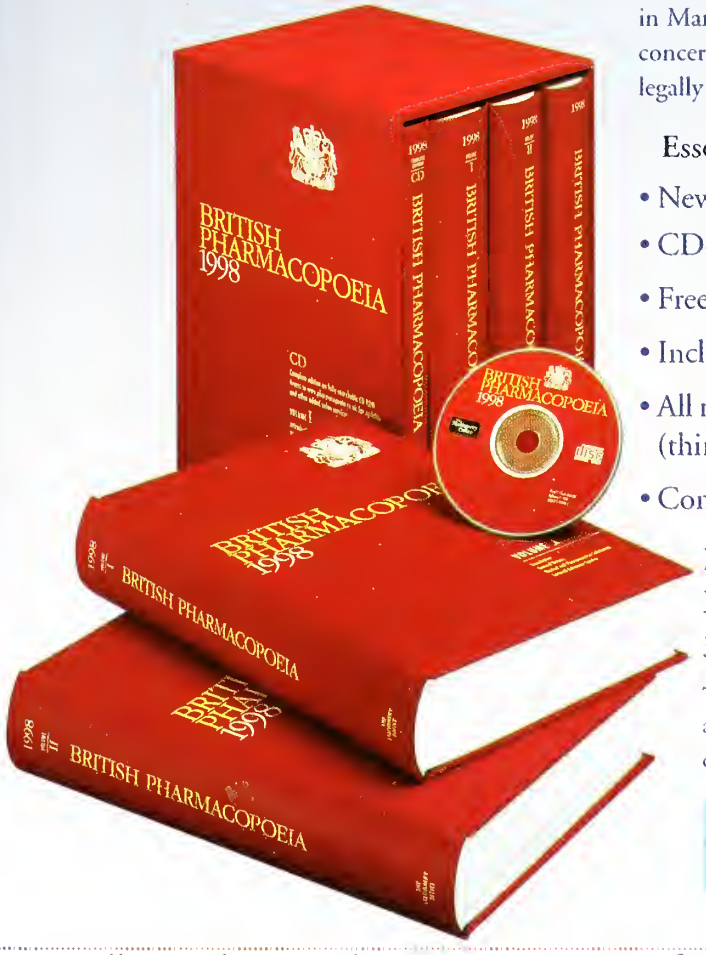

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